# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-d)

# CERTIFICATE OF DEATH

CB 06245

Reg. Dist. No. 82

**1. PLACE OF DEATH:**

County Balto

City or town Pikesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State New Jersey County Weehawkens

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 30 -48th Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Wesley Adams Wesley Adams

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1920

8. AGE: Years 19 Months 10 Days 16 If less than one day hrs. min.

9. Birthplace New Hanev Conn. (Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business

FATHER 12. Name George Adams

13. Birthplace New Haven Conn.

MOTHER 14. Maiden name Laurita Philo

15. Birthplace Glen Falls, N.Y.

16. Informant Goerge Burger

Address 325 -48th St. Union City. N.J.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17, 1940 (month) (day) (year)

Cemetery or crematory Grove Church

Location North Bergen, New Jersey

18. Funeral director Frank H.Newell Inc.

Address Pikesville, Maryland.

19. June 14 1940 (Date rec'd by registrar) E. E. Nichols Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 13th 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive, on 19~~

Immediate cause of death Accident, Motorcycle, Highway Broken neck & other injuries

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 6-13-1940

Where did injury occur? Westminster Cause Md (City or town) (County) (State)

Injured at ~~home, farm, industry~~ public place (where?) Highway 32

Means of injury Accident Injured at work? No

23. SIGNATURE M P E Nyse Leroy M Cox M. D. or other

Address Pikesville Md Date signed 6-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 28 1940
BUREAU V. S.

06246

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

**1. PLACE OF DEATH:** Balto

County

City or town Pikesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Stevenson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Keyser Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Charles A. Alley

**3. (b) Social Security Number**

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

**8. AGE:** Years: About 50 yrs | Months | Days | If less than one day: hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden name
15. Birthplace

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/16/40 (month) (day) (year)

Cemetery or crematory St. Thomas

Location Liberty Rd. Rockdale

18. Funeral director Frank H. Newell

Address Pikesville, Md.

19. 6/16/ 1940 (Date rec'd by registrar) Dr E E Nichols Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death: Coronary thrombosis

Due to found dead on

Due to roadside

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. O. Mse Deputy M Ex M. D. or other

Address Pikesville Md Date signed 6-14-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. F

Phone, Pikesville 430-431

Day and Night Service

# Frank H. Newell

*Incorporated*

*Funeral Directors*

*Reisterstown Road and Waldron Avenue*

Pikesville, Md. 6/16 1940

M

RECEIVED
JUL 5 1940
BUREAU V.

*Private Ambulances*

*Limousines For All Occasions*

Dr. E. E. Nichols
Health Register
Dear Doc.

Enclosed please find death certificate on Charles Allen - I am sorry this certificate is not complete but this is all the information available at this time, I will send family to you for completion of certificate when they arrive here -

Thanking You

Frank H. Newell

RECEIVED
JUL 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48a)

## CERTIFICATE OF DEATH

06247

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH;**

County Baltimore

City or town Near Holbrook

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Rural Near Holbrook Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Randallstown Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR #

**3. (a) FULL NAME** Nina Sandel Amoss

**3. (b) Social Security Number** #

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| F | W | Married |

6 (b) Name of husband or wife Wm E. Amoss

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) April 8, 1881

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 2 | 22 | ____ hrs. ____ min. |

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name Unk.

13. Birthplace Unk.

MOTHER

14. Maiden name Unk. Ayers

15. Birthplace Unk.

16. Informant Wm E. Amoss

Address Randallstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2, 1940 (month) (day) (year)

Cemetery or crematory Wards Chapel Cemetery

Location Holbrook Md.

18. Funeral director C. Harry Warr

Address Sykesville, Md.

19. July 1, 1940 (Date rec'd by registrar) Wm E Martin Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1939, to June 30 1940, and that I last saw h alive on June 29, 1940.

| Immediate cause of death | DURATION |
|---|---|
| Carcinomatosis | |
| Due to Carcinoma of cervix & uterus (Primary) | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other

Address Randallstown Md Date signed 7/1/40

RECEIVED
JUL 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31?)

06248

## CERTIFICATE OF DEATH

Reg. Dist. No. 20

**1. PLACE OF DEATH:**
County Baltimore
City or town Catonsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, Institution, or street address where death occurred: Spring Grove State Hospt Catonsville Md
How long in hospital or institution? 5 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Dundalk
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rt 3, Box 967.
(If rural, give LOCATION)
2.(a) If veteran, name war —

**3.(a) FULL NAME** Mrs Anna Anderson

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| F | W | married |

6.(b) Name of husband or wife Baytow Henry Anderson 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1886

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 54 11 | 3 | 23 | ..... hrs. ..... min. |

9. Birthplace Dk Richmond, Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John Harris (deceased)
13. Birthplace Dk

MOTHER
14. Maiden name Nina Goodman (deceased)
15. Birthplace Dk.

16. Informant Mrs Inez Rogers
Address Rt 3, Box 1110, Dundalk, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/10/40 (month) (day) (year)
Cemetery or crematory Mt Carmel Cem
Location Baltimore, Md

18. Funeral director John F. Connelly
Address Eastern Ave. Essex, Md.

19. 6/7 1940 (Date rec'd by registrar) D C Andreae Registrar
DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 10:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-3-1940, to 6-7-1940 and that I last saw h.r. alive on 6-7-40 19.....

| Immediate cause of death | DURATION |
|---|---|
| 1. Bronchial pneumonia | 24 hrs |
| Due to Acute cardiac dilatation | 3 days |
| Due to Hypertension & Arteriosclerosis, Interstitial nephritis | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations None
Date of op. .....
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Robert E. Gardner M.D.
M. D. or other
Address ..... Date signed .....

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 1 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

## CERTIFICATE OF DEATH

06249

Reg. Dist. No. 4-m

**1. PLACE OF DEATH:**
County: Baltimore
City or town: Carroll Station
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: 4134 Wilkens Avenue
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Carroll Station
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 4134 Wilkens Ave
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3.(a) FULL NAME:** Herman Albert Barnow

**3.(b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

6.(b) Name of husband or wife: Mary
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 2 1858

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 81 | 10 | 7 | hrs. min. |

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Teamster
11. Industry or business
FATHER 12. Name: John Barnow
FATHER 13. Birthplace: Germany
MOTHER 14. Maiden name: Minnie ?
MOTHER 15. Birthplace: Germany
16. Informant: Mrs Francis Steinour
Address: 4134 Wilkens Avenue
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12 1940 (month) (day) (year)
Cemetery or crematory: London Park
Location: Baltimore Md
18. Funeral director: William J Tukner + Sons
Address: North + Pennsylvania aves
19. June 11 1940 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1940, at 5 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940 to June 9 1940 and that I last saw him alive on June 9, 1940

| Immediate cause of death | DURATION |
|---|---|
| Arteriosclerotic myocarditis | ? |
| Due to: Generalized arteriosclerosis | ? |
| Due to: Old age | |
| Other conditions: None | |

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE: Morris B. Schreiber M.D. (M. D. or other)
Address: 54 S. Fulton Ave Date signed 6-12-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr Morris Schreiber
54 S. Fulton Ave.

GI 3940

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93rd)

06250

# CERTIFICATE OF DEATH

Reg. Dist. No. 43

**1. PLACE OF DEATH:**
County Balto
City or town Raspelrug
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hamilton Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Raspelrug Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hamilton Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME August G. Bartenfelder
3. (b) Social Security Number

4. Sex Male
5. Color or race White
8. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Katherine Bartenfelder
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 26th 1853

8. AGE: Years 86 Months 5 Days 10 If less than one day hrs. min.

9. Birthplace Balto. Co. Md
(Town, county, and state)
10. Usual occupation Blacksmith
11. Industry or business Shop
FATHER 12. Name
13. Birthplace Germany
MOTHER 14. Maiden name
15. Birthplace Germany
16. Informant Mrs. J. F. Langenfelder
Address Hamilton Ave.
17. Burial Date thereof June 9 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Zion Lutheran
Location Stemmers Run Md.
18. Funeral director Lassahn Funeral Home
Address 7401 Belair Rd.
19. 6/7 1940 Mrs. G. A. Fritz
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1940, at 3:15 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1940, to June 6 1940, and that I last saw him alive on June 5 1940.

Immediate cause of death Cerebral apoplexy
Due to Arteriosclerotic cardio-vascular disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. M. Baumgardner M. D. or other
Address Rosedale Md Date signed 6/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-e)

# CERTIFICATE OF DEATH

06251

Reg. Dist. No. 33

**1. PLACE OF DEATH:** Balto
County
City or town Woodensburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Pa County Juniata
City or town Mifflintown Pa Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miles R. Benner Benner

3. (b) Social Security Number 174-18-0434

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife Single
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 13 1918

8. AGE: Years 22 Months 2 Days 0 If less than one day hrs. min.

9. Birthplace Juniata Co Pa. (Town, county, and state)
10. Usual occupation Truck Driver
11. Industry or business Trucking
FATHER 12. Name Samuel M. Benner
13. Birthplace Pa.
MOTHER 14. Maiden name Mary Adams
15. Birthplace Pa
16. Informant Samuel M. Benner
Address Mifflintown Pa R.D. #2
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15 1940 (month) (day) (year)
Cemetery or crematory Bunkertown Pa
Location Juniata Co Pa.
18. Funeral director J. F. Elliott & Sons.
Address Reisterstown Md.
19. June 14 1940 (Date rec'd by registrar) J. [illegible] Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 5-15 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~
~~and that I last saw h alive on 19~~
Immediate cause of death
Auto Accident, on
Due to highway, broken neck
Due to and other injury
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 6-13-1940
Where did injury occur? Woodensburg (City or town) Balto (County) Md (State)
Injured at ~~home, farm, industry,~~ public place (where?) Highway
Means of injury Auto accident Injured at work? yes

23. SIGNATURE W. P. O'Neil Defy M Ex M. D. or other
Address Pikesville Md Date signed 6-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

06252

## CERTIFICATE OF DEATH

Reg. Dist. No.....

**1. PLACE OF DEATH:**
County... Baltimore
City or town... Catonsville Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?...
Hospital, institution, or street address where death occurred: Spring Grove State Hospt
How long in hospital or institution? 1 mo + 1 day

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Prince George
City or town Colmar Manor Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 516 Daniels St.
(If rural, give LOCATION)
2.(a) If veteran, name war ?

**3.(a) FULL NAME** Mr. William Henry Briggs

**3.(b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Widower |

6.(b) Name of husband or wife...
6.(c) If alive, give age... years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 79 yrs ? | Months | Days | If less than one day ...hrs. ...min.

9. Birthplace ? (Town, county, and state)
10. Usual occupation Watchman
11. Industry or business
FATHER 12. Name ?
13. Birthplace
MOTHER 14. Maiden name ?
15. Birthplace
16. Informant Records, Spring Grove Hospt
Address Catonsville, Md.
17. ~~Burial~~ Removal Date thereof 6-12-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory...
Location Hyattsville, Md
18. Funeral director F. Gasch's Sons
Address Hyattsville, Md.
19. 6/12 1940 [signature]
(Date rec'd by registrar) Registrar
DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1940, at 7 35 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1940, to June 11 1940
and that I last saw h... alive on June 11, 1940
Immediate cause of death B. pneumonia — DURATION 8 da
Due to...
Due to...
Other conditions Arteriosclerosis (?) yrs
Senile psychosis 4 yrs ?
(Include pregnancy within 3 months of death)
Major findings of operations NO
Date of op...
Autopsy results NO
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)...
Means of injury... Injured at work?

23. SIGNATURE Robert C. Gardner M.D.
M. D. or other
Address CATONSVILLE Date signed 6-12-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 1 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186a) Reg. Dist. No. 32

## CERTIFICATE OF DEATH

06253

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town 5910 Marnet Road (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Baltimore
(c) City or town Pikesville Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 5910 Marnet Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Emma Louise Binker

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife William C. Binker

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 28-1869

8. **AGE:** Years: 71 | Months: 1 | Days: 10 | If less than one day: ____ hr. ____ min.

9. Birthplace Chesapeake City, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Alexander Jamison
FATHER 13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Louisa Lamstack
MOTHER 15. Birthplace Pennsylvania

16 (a) Informant Kathrin Louise McGinness
(b) Address 5910 Marnet Rd. Pikesville, md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-1940 (month) (day) (year)
(c) Cemetery or crematory Fort Hill Park
Location Phila. Pa.

18 (a) Funeral director Frank H. Newell
(b) Address Pikesville, md.

19 (a) June 7 1940 (Date rec'd by registrar) (b) E. E. Nichols Registrar

**MEDICAL CERTIFICATION**

20. Date of death June 7 1940, at 6.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 01 1940, to June 7 1940, and that I last saw him alive on June 6 1940.

| Immediate cause of death | Duration |
|---|---|
| Chronic arthritis | 2 |
| Arteriosclerosis | ? |
| Due to | |
| Due to | |
| Other conditions Shock from fall down front steps & poker (Include pregnancy within 3 months of death) | May 31 40 |

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide~~ Accident
(b) Date of occurrence 5-31-40
(c) Where did injury occur? Freedom (City or town) Anne Arundel (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down steps

23. **Signature** E. E. Nichols md (M. D. or other)
Address Pikesville, Md Date signed 6/7/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 2 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

06254

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

**1. PLACE OF DEATH:**
County Baltimore
City or town Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 0 yrs., 8 mos., 21 days
Stay in this community (yrs., or mos., or days) 0 yrs., 8 mos., 21 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1769 N. Gay Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Walter N. Blaney

**3. (b) Social Security Number** 217-07-5422

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1919

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 21 | 0 | 5 | hrs. min. |

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual occupation Store Clerk
11. Industry or business Unknown

FATHER
12. Name Walter Blaney
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden name Hilda Bucia
15. Birthplace Baltimore, Maryland

16. Informant J. Frank Spalding
Address Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17, 1940 (month) (day) (year)
Cemetery or crematory Druid Ridge Cemetery
Location Baltimore County, Maryland

18. Funeral director William Cook
Address St. Paul & Preston Sts., Baltimore, Md.

19. June 13, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1940, at 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 23, 1939, to June 13, 1940, and that I last saw him alive on June 13, 1940

| | DURATION |
|---|---|
| Immediate cause of death: Pulmonary Tuberculosis | 2 years |
| Due to: Tubercle Bacilli | |
| Due to: | |
| Other conditions: Tuberculous Laryngitis | 5 months |

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Stewart L. Shaffer M.D.
M. D. or other
Address Mount Wilson, Md. Date signed 6/13/40

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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

## CERTIFICATE OF DEATH

06255

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard and Enoch Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days): 24 days

Stay in this community (yrs., or mos., or days): 65 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Edward Apartments
841 W. Lafayette St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Emma Benesch Block

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6 (b) Name of husband or wife: Isaac Block

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 1, 1871

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 11 | 14 | ____ hrs. ____ min. |

9. Birthplace: Bohemia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Joseph Benesch
13. Birthplace: Bohemia

MOTHER
14. Maiden name: (unknown)
15. Birthplace: Bohemia

16. Informant: Hospital Records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16 1940 (month) (day) (year)

Cemetery or crematory: Hebrew Friendship

Location: Balto City

18. Funeral director: David Sondheim & Son

Address: 1902 Eutaw Pl

19. 6/14/40 (Date rec'd by registrar) Deputy Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 1940, at 5:43 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 1940, to June 14 1940, and that I last saw her alive on June 14 1940.

| Immediate cause of death | DURATION |
|---|---|
| Coronary thrombosis | Terminal |
| Due to Hypertensive cardiovascular disease | 1 yr. |
| Due to Arteriosclerosis, generalized | |
| Other conditions Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death) | 1 mo |

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Thomas E. Purnell, M.D. M. D. or other

Address: Date signed:

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

06256

**1. PLACE OF DEATH** (942)

County Baltimore Registration Dist. No. 38

Village or City Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** J. Alberth Booth If U. S. Veteran, specify WAR

(a) Residence: No. 602 Balto. Ave., Towson Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Talbott Booth

6. DATE OF BIRTH (month, day, and year): June 12, 1860

7. AGE: Years 79 Months 11 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Road Inspector

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Balto. Co. Roads

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Co., Md.

FATHER

13. NAME: John G. Booth

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Ida Matthews

16. BIRTHPLACE (city or town) (State or country): Balto. Co., Md.

17. INFORMANT (Address): Mrs. J. A. Booth 602 Balto. Ave., Towson

18. BURIAL, CREMATION, OR REMOVAL Place: Sherwood - Cockeysville Date: June 8, 1940

19. UNDERTAKER (Address): Landon M. Brooks Lyons Md

20. FILED: June 7, 1940 Lt. Camille Van Horn Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 6th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 1938, to June 6th, 1940

I last saw him alive on June 6th, 1940; death is said to have occurred on the date stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | June 6th 1940 |

Other Contributory Causes of importance: Chronic Myocarditis & General Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Daniel of St. Thos. Jenifer M. D.

(Address) Towson Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUL 3 1940
V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Social Security No. - 215-10-4926 (Poss.)

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06257

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH** (13-E)

County Balto. Co. Md. Registration Dist. No. 40

Village or City Carney Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** William A. Botzen If U. S. Veteran, specify WAR 1st World War

(a) Residence: No. 4622 Asbury Ave St., Ward

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Botzen

6. DATE OF BIRTH (month, dey, end yeer) April 22, 1892

| 7. AGE Yeers | Months | Deys | If LESS then 1 dey, ... hrs. or ... min. |
|---|---|---|---|
| 48 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. Own Co.

10. Date deceesed last worked et this occupetion (month and year) 1933

11. Total time (years) spent in this occupetion 12?

12. BIRTHPLACE (city or town) (Stete or country) Balto. City Md.

FATHER

13. NAME August Botzen

14. BIRTHPLACE (city or town) (Stete or country) Germany

MOTHER

15. MAIDEN NAME Hannah Hempfer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. W. A. Botzen (Address) 4622 Asbury Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkswood Date June 24, 1940

19. UNDERTAKER Lansdowne Funeral Home (Address) 7401 Belair Rd.

20. FILED 6-22-40, 19 J. M. Hammett Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 20th (Day), 1940 (Year)

22. I HEREBY CERTIFY, Thet I attended deceased from June 14, 1940, to June 20, 1940

I last saw him alive on June 20, 1940 death is seid to heve occurred on the dete stated above, et 9.25 p.m.

The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| Pulmonary Hemorrhage | June 20/40 |
| Other Contributory Causes of importance: | |
| Pulmonary Tuberculosis | Indefinite |

Neme of operetion ✓ Dete of ✓

What test confirmed diegnosis? ✓ Wes there an eutopsy? No

23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? ✓ Dete of injury ✓, 19...

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ✓

Nature of injury ✓

24. Was disease or injury in eny way related to occupation of deceesed? No

If so, specify

(Signed) Morris B. Green M. D.

(Address) 3009 Evergreen Ave

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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JUN 29 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06258

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (132)

## CERTIFICATE OF DEATH

Reg. Dist. No. 38

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 1 yr 8 mo. 9 dy

Stay in this community (yrs., or mos., or days): Same

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: —

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 17 S. Calverton Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Yes.

3. (a) FULL NAME: Thurman Roosevelt Bowers.

3. (b) Social Security Number: 705-10-9595

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Bowers

6(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): November 1, 1904

8. AGE: Years 35 | Months 7 | Days 26 | If less than one day ___ hrs. ___ min.

9. Birthplace: Virginia.
(Town, county, and state)

10. Usual occupation: Railroad Brakeman.

11. Industry or business: Railroad.

FATHER
12. Name: Charles Bowers.
13. Birthplace: Virginia.

MOTHER
14. Maiden name: Willie Eppelly
15. Birthplace: Virginia.

16. Informant: Personal History-Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 29-1940 (month) (day) (year)

Cemetery or crematory: ~~London Park~~ National Cemetery

Location: Baltimore Md.

18. Funeral director: George L. Schwab

Address: 2101 Frederick ave.

19. 6/27 (Date rec'd by registrar) 19 Deputy Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27. 1940, at 1230 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 18 1938, to June 27 1940, and that I last saw him alive on June 27 1940.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: None.

DURATION: November 1937

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06259

## CERTIFICATE OF DEATH

Reg. Dist. No. 43

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Raspeburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1 McCormick Avenue

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 11 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Raspeburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1 McCormick Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

**3. (a) FULL NAME:** Edward W. Bradley

**3. (b) Social Security Number:** 212-10-1284

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife: Bassie Councilman Kuhl Bradley.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 29, 1885

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 54 | 5 | 7 | hrs. min. |

9. Birthplace: Charlottsville, Virginia
(Town, county, and state)

10. Usual occupation: Water tender.

11. Industry or business: Copper works.

FATHER
12. Name: Jacob Bradley
13. Birthplace: Virginia

MOTHER
14. Maiden name: Unknown
15. Birthplace:

16. Informant: Bassie Bradley
Address: 1 McCormick Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8, 1940 (month) (day) (year)

Cemetery or crematory: Councilman Family Cemetery

Location: Baltimore County, Maryland

18. Funeral director: Lassahn Funeral Home

Address: 7401 Belair Road

19. 6/7 (Date rec'd by registrar) 19 40 Mrs. G. A. Fritz Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5th. 1940, at 7:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-4-40 1940, to 6-5-40 1940, and that I last saw him alive on 6-5-40 1940.

| Immediate cause of death | DURATION |
|---|---|
| Hemorrhage from ruptured abdominal aortic aneurysm. | 24 hrs. |
| Due to: Duration of aneurysm not known. | |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. L. Wilkinson M. D. or other

Address: A. L. Wilkinson 5713 Belair Rd. Date signed: June 7, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUN 14 1946
BUREAU V.F.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

06260

## CERTIFICATE OF DEATH

Reg. Dist. No. 40

**1. PLACE OF DEATH:**
County: Balto Co
City or town: Fork Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

**3.(a) FULL NAME** Bobra Bridgeman

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| F. | W. | Widowed |

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 6 - 1864

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 7 | 4 | hrs. min. |

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER 12. Name: George C. Bridgeman
13. Birthplace: Virginia
MOTHER 14. Maiden name: Rachel Woodman
15. Birthplace: Va.
16. Informant: William F. Bridgeman
Address: Fork Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 10-1940 (month) (day) (year)
Cemetery or crematory: Fork M. E. Cem
Location: Fork Md.
18. Funeral director: Clarence E. Luther
Address: Fork Md.
19. 6-10-40 (Date rec'd by registrar) 19.. W. M. Stammett Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: June 9, 1940, at 4 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 9 1940
and that I last saw her alive on June 9 1940

| | DURATION |
|---|---|
| Immediate cause of death: Congestive Heart Failure | 1 wk. |
| Due to: Hypertensive Cardiovas - cular Disease | 7 yrs |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Clifford F. Hudson M.D.
M. D. or other
Address: Fork, Md., Date signed 6/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1940
BUREAU V. S.

Street address

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

06261

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

**1. PLACE OF DEATH:**

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years 1 month 5 days

Hospital, institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 8 years 1 month 5 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. unknown (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Eva Brown

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 55 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name John Seal

13. Birthplace unknown

MOTHER 14. Maiden name

15. Birthplace

16. Informant Hospital records

Address Catonsville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/4 1940 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Frederick ave

18. Funeral director W. M. Cook

Address 1217 St Paul St

19. 6/1 1940 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOC

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1940, at 5:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 1936, to June 1st 1940 and that I last saw her alive on June 1st 1940

Immediate cause of death: Carcinoma of Stomach. — DURATION: 6 months

~~Due to~~ Chronic Myocarditis before 1940

Due to

Other conditions Tabo-Paresis before 1932

(Include pregnancy within 3 months of death)

Major findings of operations No

Date of op.

Autopsy results As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE Serge Androp M. D. or other

Address Catonsville, Md Date signed 6/1.1940

RECEIVED
JUN 11 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d.) Reg. Dist. No. 30

06262

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

(a) County Balto Co.

(b) City or town Catonsville Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 57 Glenwood Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 26 yrs

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State MO (b) County Baltimore

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 57 Glenwood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Ida M. Brown.

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife John L Brown

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 7/1/1866

8. AGE: Years 74 73 | Months 11 | Days 16 | If less than one day _____ hr. _____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business House Wife

FATHER 12. Name Paul Franzke

13. Birthplace ~~Poland~~ Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Elsie B. Simon

(b) Address 55 Glenwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/40 (month) (day) (year)

(c) Cemetery or crematory Western

Location Balto Md.

18 (a) Funeral director Edw. S. MacNabb

(b) Address Catonsville Md.

19 (a) 6/19/40 (Date rec'd by registrar) (b) [signature] Registrar

**MEDICAL CERTIFICATION**

20. Date of death June, 17, 40. 19__, at 3:15P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1929, to June. 17 1940. and that I last saw him alive on June, 17, 40. 19__

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 9 Dys |
| Arterial Hypertension.... | 11 Yrs. |
| Due to Myocardial Degeneration. | 11 |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide 0

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. Lloyd Johnson M. D. or other

Address Catonsville, Date signed June, 18 40

DEPUTY LOCAL

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore · (107)

06263

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**

County: Baltimore County

City or town: Catonsville, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs. 4 mo. 20 days

Hospital, Institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 4 yrs. 4 mo. + 20 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Easton Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 324 Reservoir St.

(If rural, give LOCATION)

2.(a) If veteran, name war: ?

**3. (a) FULL NAME:** Mr. William George Brown

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Widower |

6.(b) Name of husband or wife: Leah Pledge

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): 8-20-185-3

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 10 | 4 | ..... hrs. ..... min. |

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Light. repair Work

11. Industry or business: B & O R. R.

FATHER — 12. Name: William George Brown

FATHER — 13. Birthplace: Md.

MOTHER — 14. Maiden name: Mary Linder

MOTHER — 15. Birthplace: Md.

16. Informant: Records of Spring Grove Hosp.

Address: Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26-40 (month) (day) (year)

Cemetery or crematory: London Park

Location: Balto Md.

18. Funeral director: Geo. E. Beyer Jr.

Address: 1512 Bolton St.

19. 6-24-40 (Date rec'd by registrar) ..... Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-24-1940, at 4 15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6-15- 1940, to 6-24- 1940

and that I last saw h.. alive on 6-24-40 1940

Immediate cause of death: 1. Bronchial pneumonia — Duration: 9 da.

Due to: .....

Due to: .....

Other conditions: Arteriosclerosis — Duration: 5-6 yrs.

Hypertension — Duration: 4

(Include pregnancy within 3 months of death)

Major findings of operation: NO

Date of op. .....

Autopsy results: NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Robert E. Faudree M.D.

M. D. or other

Address ..... Date signed .....

DEPUTY LOCAL

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JUN 28 1940
U. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06264

(131-E)

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 404 Overbrook Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Frank P. Brunner

(a) Residence: No. 404 Overbrook Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Nora P. Brunner

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George Brunner

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Junker

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs Carl Meiser (Address) 404 Overbrook Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Baltimore Md.

Place Bowdon Park Date July 1, 1940

19. UNDERTAKER F. Vernon Keehn (Address) 2301 Edmondson Ave.

20. FILED 29, 19 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to June 27, 1940

I last saw him alive on June 27, 1940; death is said to have occurred on the date stated above, at 1.30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 3 1/2 months |
| Myocardial Degeneration | |

Other Contributory Causes of importance:

| | |
|---|---|
| Generalized arteriosclerosis | several years |
| Chronic nephritis | |

Name of operation none. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Michel M. D.

(Address) 2901 Edmondson Ave.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

DEPUTY BOARD

Social Security No. — 215-09-7692

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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JUL 1 1949
BUREAU V.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13E)

06265

## CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Baltimore
City or town: Owings Mills, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rosewood State Training School
Stay in hospital or inst. (yrs., or mos., or days): 13 yrs 1 mo 17 da.
Stay in this community (yrs., or mos., or days): 13 yrs 1 mo 17 da.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County: Baltimore Co.
City or town: ~~Owings~~ Towson, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1 Willow Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Mary Catherine Bruns

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6 (b) Name of husband or wife:
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 13, 1921

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 18 | 11 | 16 | ____ hrs. ____ min. |

9. Birthplace: Belair, Harford Co.
(Town, county and state)
10. Usual occupation: Inmate; Rosewood State
11. Industry or business: Training School, Owings Mills

FATHER
12. Name: Francis J. Bruns
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Celia Reese
15. Birthplace: Pennsylvania.

18. Informant: Institutional Records
Address: Rosewood State Training School

17. Burial (Burial, cremation or removal. Which?) Date thereof June 29, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Wasic Cemetery
Location: Towson, Maryland.
18. Funeral director: John Bruns Sons
Address: Towson, Maryland.

19. June 28 1940 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1940, to June 27 1940, and that I last saw h-er alive on June 27 1940.

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary Tuberculosis | Unknown |
| Due to | |
| Due to | |
| (Left) | |
| Other conditions: Congenital Hemiplegia Congen Epileptic Idiot | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) None (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George C. Medairy M. D.
M. D. or other
Address: Owings Mills, Md. Date signed: 6/27/40

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JUL 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) Reg. Dist. No. 38

06266

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Baltimore

(b) City or town Towson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Green Ridge Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 28 years

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Baltimore

(c) City or town Towson (If outside city or town limits, write RURAL and give town)

(d) Street No. Green Ridge Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Laura Frankenfield Caples

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harry Caples

6. (c) If ~~alive~~, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 6 1879

8. AGE: Years 61 Months 2 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Cockeysville Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Wesley Frankenfield

13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Elizabeth Richmond

15. Birthplace Maryland

16 (a) Informant Harry Caples

(b) Address Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1940 (month) (day) (year)

(c) Cemetery or crematory Jessop's

Location Sparks, Md.

18 (a) Funeral director Landon M. Brooks

(b) Address Sparks, Md.

19 (a) June 1940 (Date rec'd by registrar) (b) [signature] Registrar

### MEDICAL CERTIFICATION

20. Date of death June 16 1940 at 7.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940, to June 16 1940, and that I last saw ~~him~~ her alive on June 16 1940.

Immediate cause of death Interio-Sclerosis - Myocarditis

Duration 10-12 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. O. Sellman MD (M. D. or other)

Address Towson Date signed June 16, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06267

(94a)

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 38

Village or City Ruxton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. 10 mos. 20 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

**2. FULL NAME** Shirley Carter If U. S. Veteran, specify WAR —

(a) Residence: No. Ruxton Baltimore Co St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Murchison (CARTER)

6. DATE OF BIRTH (month, day, and year) Feb. 3, 1871

7. AGE 69 Years Months 4 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Lawyer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Retired 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Bernard Carter

14. BIRTHPLACE (city or town) Prince George Co (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ridgely

16. BIRTHPLACE (city or town) White Marsh (State or country) Maryland

17. INFORMANT Alexander Randall (Address) Baltimore Md

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Place London Park Cem. Date June 22, 1940

19. UNDERTAKER Henry M. Jenkins & Son Co (Address) Orchard Mt. Lake Park Md

20. FILED June 21, 1940 M. Merrill Van Horn Deputy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1930, to June 19, 1940

I last saw him alive on June 15, 1940; death is said to have occurred on the date stated above, at 6:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | 6/19/40 |

Other Contributory Causes of importance:

| | |
|---|---|
| Arterio-Sclerosis with Hypertension | 1935 |

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) Robert L. Mitchell M. D.

(Address) 2112 Maryland Ave. Baltimore

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED JUL 3 1940 BUREAU V. S.

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06268

**1. PLACE OF DEATH** (93d)

County Baltimore Registration Dist. No. 40

Village or City Cub Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Edgar G. Chenoweth

(a) Residence: No. North Wind Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian C. Chenoweth

6. DATE OF BIRTH (month, day, and year): Jan. 8th 1882

7. AGE: Years 58 | Months 5 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: House builder

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

FATHER

13. NAME: Wm Chenoweth

14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

MOTHER

15. MAIDEN NAME: Susan R. Devese

16. BIRTHPLACE (city or town) (State or country): Balto. Co. Md

17. INFORMANT (Address): Lillian C. Chenoweth North Wind Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Moreland Date: June 29, 1940

19. UNDERTAKER (Address): Lassahn Funeral Home 7401 Belair Rd.

20. FILED: 6-27-40, 19 W. M. Hammett Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 6 (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1936, to 6/26, 1940

I last saw him alive on 6/26, 1940; death is said to have occurred on the date stated above, at 2 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-sclerotic cardio-vascular disease | 1936 |

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Reeves M. D.

(Address) 6701 York Rd Annette Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 37

06269

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town Texas
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Balto. Count Almshouse
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs 8 mos 10 da
(e) Length of stay in this community (yrs., mos., or days) 6 yrs 8 mos 10 da

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Baltimore
(c) City or town Timonium
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Samuel Cockey

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Laura Freeland

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1850

8. AGE: Years 90 | Months 1 | Days 29 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Cockey
13. Birthplace Maryland

MOTHER
14. Maiden Name Sallie Freeland
15. Birthplace Maryland

16 (a) Informant Almshouse Register
(b) Address Texas, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1940 (month) (day) (year)
(c) Cemetery or crematory Jessop's
Location Cockeysville Md

18 (a) Funeral director Landon M. Brooks
(b) Address Glyndon Md.

19 (a) June 3 (Date rec'd by registrar) (b) Wm. J. Schultz Registrar

### MEDICAL CERTIFICATION

20. Date of death June 3 1940, at 5:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1938, to June 3 1940
and that I last saw him alive on June 3 1940.

| Immediate cause of death | Duration |
|---|---|
| Chronic Nephritis (Comb) | 2 yrs |
| Due to Arterio sclerosis | |
| Due to Senility | |
| Other conditions (Small malignant tumors over face & body) | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kirkner C. Ensor M.D. (M. D. or other)
Address Cockeysville Md. Date signed June 5/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

66270

Reg. Dist. No. 32

**1. PLACE OF DEATH:**

County Baltimore

City or town Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Owings Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Female Infant Diehl

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10th, 1940

8. AGE: Years | Months | Days | If less than one day 6 hrs. min.

9. Birthplace Owings Mills, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name William C. Diehl
13. Birthplace Md. Hampstead, Carroll County

MOTHER
14. Maiden name Edna Wilhelm
15. Birthplace Md.

18. Informant Mrs. Wm. Diehl
Address Md. (Owings Mills)

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11, 1940 (month) (day) (year)

Cemetery or crematory St. Mary's Cem.

Location Govans, Md.

18. Funeral director Frank H. Newell

Address Pikesville, Md.

19. 6/10 (Date rec'd by registrar) 1940 E. E. Nichols Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1940 at 11.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10th 1940, to June 10th 1940, and that I last saw her alive on June 10th 1940

| Immediate cause of death | DURATION |
|---|---|
| Meningocele of spine | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. E. Nichols M. D. or other

Address Pikesville, Md. Date signed 6/10/40

RECEIVED
JUL 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

# CERTIFICATE OF DEATH

06271

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 Years

Hospital, Institution, or street address where death occurred: ---

How long in hospital or institution? ---

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Windsor Milll Road
(If rural, give LOCATION)
Near Wells Manor Rd.

2.(a) If veteran, name war:

**3.(a) FULL NAME:** Regina R. Dietrich

**3.(b) Social Security Number:** --

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6.(b) Name of husband or wife: John G. Dietrich

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): March 20th 1877

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 2 | 11 | ...hrs. ...min. |

8. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: ? Fuller

13. Birthplace: Unknown

MOTHER
14. Maiden name: ? Lang

15. Birthplace: Unknown

16. Informant: Mrs. L. Rogers

Address: Beltsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 4th 1940 (month) (day) (year)

Cemetery or crematory: Western

Location: Baltimore, Md.

18. Funeral director: Wm. J. Tickner & Sons.

Address: North & Penna Aves.

19. June 3rd 1940 (Date rec'd by registrar) E. E. Nichols Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22nd 1940, to June 1 1940

and that I last saw h... alive on ... 19...

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Apoplexy | 10 Days |
| Due to: General Arterio sclerosis | 5-6 yrs |
| Due to: + Hypertension. | |
| Other conditions: — | |

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: M Burman and Kood M. D. or other

Address: 2400 Garrison Blvd Date signed: 6/3/40

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JUN 28 1940
BUREAU V. S.

Dr. M. Bowman Hood

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (132)

06272

# CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mount Wilson Branch, Maryland Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 0 yrs., 0 mos., 26 days

Stay in this community (yrs., or mos., or days): 0 yrs., 0 mos., 26 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Lansdowne Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Mrs. Viola Doniecki

**3. (b) Social Security Number:** None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Edward J. Doniecki

6(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): September 1, 1911

8. AGE: Years: 28 Months: 9 Days: 9 If less than one day: hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER 12. Name: Stanislaus Mogofski

FATHER 13. Birthplace: Lithuania

MOTHER 14. Maiden name: Veronica Miskin

MOTHER 15. Birthplace: Lithuania

16. Informant: Eleanor Pearson

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 13, 1940 (month) (day) (year)

Cemetery or crematory: Holy Rosary Cemetery

Location: Baltimore County, Maryland

18. Funeral director: George A. Weber

Address: 705 S. Ann Street, Baltimore, Maryland

19. June 10, 1940 (Date rec'd by registrar) J. Frank Gladney Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10, 1940, at 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15, 1940, to June 10, 1940, and that I last saw her alive on June 10, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: About 5 yrs.

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Laryngitis — Unknown

Tuberculous Pharyngitis — Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. M. D. or other

Address: Mount Wilson, Maryland Date signed: 6/10/40

RECEIVED
JUN 11 1940
BUREAU F. &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

# CERTIFICATE OF DEATH

06273

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Patapsco River

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md County: Balto.

City or town: Catonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4 Sanford Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

**3. (a) FULL NAME:** Joseph Donald Fisher

**3. (b) Social Security Number:** no

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 4 1922

8. AGE: Years: 17 | Months: 6 | Days: 10 | If less than one day: hrs. min.

9. Birthplace: Balto, Md (Town, county, and state)

10. Usual occupation: Student

11. Industry or business:

FATHER 12. Name: Thos. Fisher

13. Birthplace: Penna

MOTHER 14. Maiden name: Ida M. Donald

15. Birthplace: Ohio

16. Informant: Thos. Fisher

Address: 4 Sanford Ave

17. Burial (Burial, cremation, or removal (which?)) Date thereof: 6-19-40 (month) (day) (year)

Cemetery or crematory: London Park

Location: Balto Md

18. Funeral director: George A Farley

Address: Catonsville Md

19. 6/19 1940 (Date rec'd by registrar) Registrar: H L Bondurant

DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at about 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h alive on ____ 19__.

| | DURATION |
|---|---|
| Immediate cause of death: Drowning | |
| Due to: Missing | |
| Due to: Patapsco River | |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of injury: June 16 1940

Where did injury occur: Catonsville (City or town) Balto Co (County) Md (State)

Injured at home, farm, industry, public place (where?):

Means of injury: drowning Injured at work?

23. SIGNATURE: Geo McGuffin Kaplan Edwin J Bell M. D. or other

Address: 910 Leadenhall Date signed: June 16 1940

RECEIVED
JUN 21 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

## CERTIFICATE OF DEATH

06274

Reg. Dist. No. 3 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH**

County Baltimore

City or town White Hall, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 29 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Baltimore

City or town White Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

**3. (a) FULL NAME** Francis A. Fogle

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife Mary E. Fogle

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) August 9 - 1861

8. AGE: Years 79 | Months 7 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Dont know

13. Birthplace —

MOTHER 14. Maiden name Dont. Know

15. Birthplace

16. Informant Mrs. Lillian A. Fogle

Address White Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1-1940 (month) (day) (year)

Cemetery or crematory St. Joseph's

Location Texas Md

18. Funeral director P. Markham Low

Address White Hall. Md

19. June 28 1940 (Date rec'd by registrar) Melvin Bortner M.D. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 19 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1940 to June 28 1940

and that I last saw h alive on 19

| Immediate cause of death | DURATION |
|---|---|
| Cardiac Thrombosis | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Melvin Bortner M.D.

M. D. or other

Address White Hall Date signed July 1, 1940

RECEIVED
JUL 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06925

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

**1. PLACE OF DEATH:** Balto

County Essex

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md. County Balto.

City or town North Pt. Terrace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Burton Francisco

**3. (b) Social Security Number** 220-05-9605

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Agnes Estelle (Bast)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 8th 1888

**8. AGE:** Years 51 | Months 10 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace: New York (Town, county, and state)

10. Usual occupation: Painter

11. Industry or business: Glenn L. Martin Co.

FATHER
12. Name: John Francisco
13. Birthplace: Unk.

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Mrs. Agnes Estelle Francisco

Address: North Point Terrace

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-26-40 (month) (day) (year)

Cemetery or crematory: Balto Natl. Cem

Location: Frederick Rd.

18. Funeral director: John G. Connelly

Address: Essex Md.

19. 6-26-1940 (Date rec'd by registrar) John G. Connelly Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1940, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and ~~that I last saw h~~ ____ alive on ____ 19__.

Immediate cause of death: Coronary Occlusion

Due to: Cardiovascular

Due to: disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. T. O. Myse Lefy M Tex M. D. or other

Address: Gilesville Md Date signed 6-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 26 1909
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06275

**1. PLACE OF DEATH** (45-F)

County ~~Rogers~~ Baltimore Registration Dist. No. 38

Village or City Rogers Forge No. 327 Dunkirk Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Charles A. Guest

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Keating

6. DATE OF BIRTH (month, day, and year): April 19, 1875

7. AGE: Years 65 | Months 2 | Days 7 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Textile
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: finisher
10. Date deceased last worked at this occupation (month and year): ___
11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): Phila

FATHER

13. NAME: Wm. J. Guest
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Hannah Mary ?
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. Frances Guest, 327 Dunkirk Rd

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Burial

Place: Parkwood Date: June 29, 1940

19. UNDERTAKER (Address): Rita Wiedefeld, 91 [illegible]

20. FILED: June 27, 1940 [illegible] Deputy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 6 (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1939, to 6/26, 1940

I last saw him alive on 6/26, 1940; death is said to have occurred on the date stated above, at 11 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Broncho-pneumonia | 6/8/40 |
| (2) Carcinoma of Pharyngeal cavity | June 1939 |

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) C. H. Reese M. D.

(Address) 6701 York Rd

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

RECEIVED AUG 5 1927

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

## CERTIFICATE OF DEATH

06276

Reg. Dist. No. 472

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Baltimore

City or town Relay (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Relay Sanitarium

Stay in hospital or inst. (yrs., or mos., or days) 14 days

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 502 W. Fayette St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Margaret Clark Haller

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed |

6 (b) Name of husband or wife Late John H. Haller

6(c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) 3/20/1873

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 2 | 20 | hrs. min. |

9. Birthplace Albany New York (Town, county, and state)

10. Usual occupation Operates Hotel - retired

11. Industry or business Hotel

FATHER 12. Name George Clark

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden name Julia ? Inglesby

MOTHER 15. Birthplace Ireland

16. Informant Sister Christine Clark

Address 502 W. Fayette

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/11/1940 (month) (day) (year)

Cemetery or crematory New Cathedral Cem.

Location 4300 Old Frederick Rd.

18. Funeral director John J. Cowan & Son

Address 901 Hollins St.

19. June 10 1940 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1940, at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26th 1940, to June 9th 1940, and that I last saw h[illegible] alive on June 9th 1940

| | DURATION |
|---|---|
| Immediate cause of death Bronchopneumonia | 2 days |
| Due to Arteriosclerotic heart disease with congestive heart failure | years |
| Due to | 2 months |
| Other conditions | |

(Include pregnancy within 8 months of death)

Major findings:

Of operations Tuberculous appendix at Bon Secours.

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lewis P. Lemley M. D. or other

Address Relay, Md. Date signed 6/9/40

RECEIVED
JUN 11 1940
BUREAU V. R.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06277

**1. PLACE OF DEATH** (732)

County Balto. Md. Registration Dist. No. 33

Village or City Woodensburg – Reisterstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidanca in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

**2. FULL NAME** Lydia Lovina Hansen If U. S. Veteran, specify WAR

(a) Residence: No. Woodensburg Reisterstown St., Ward.

(Usual place of abode) , Md. If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Charles Hansen

6. DATE OF BIRTH (month, day, and year) Oct. 17, 1860

| 7. AGE | Yaars | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 3 | | |

OCCUPATION

8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. None

10. Date deceased last worked at this occupation (month and yaar)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country)

FATHER

13. NAME John Helwig

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margaret Wentz

16. BIRTHPLACE (city or town) Carroll Co. (State or country)

17. INFORMANT Mrs. Lillie Blizzard

(Addrass) Woodensburg Md.

18. BURIAL, CREMATION, OR REMOVAL

Placa Sandymount Cem. Date June 20, 1940

19. UNDERTAKER J. F. Eline & Sons

(Addrass) Reisterstown, Md.

20. FILED June 18, 40 J. Fred Duffield Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 17 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That I attendad dacaased from May 1, 1940, to June 17, 1940

I last saw h[illegible] aliva on June 17, 1940; death is said to have occurred on tha date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Heart Disease | |
| | |
| | |
| The intestinal hemorrhage was not due to cancer; was probably caused by a secondary accident due to the hypertension | |

Other Contributory Causes of importance:

Intestinal Hemorrhage cwl 6R June 1940

with Marked Secondary Anemia

Ventral Hernia 1925

Name of oparation Date of

What test confirmad diagnosis? Clinical Was thare an autopsy? No

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicida, or homicida? Date of Injury, 19

Whara did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Was disaase or injury in any way related to occupation of deceased? No

If so, spacify

(Signad) J. F. Ermler M. D.

(Address) Reisterstown, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

## CERTIFICATE OF DEATH

06278

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH:**
County: Balto.
City or town: Bengies, Essex Mrd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Bengies Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Jas. A. Hayslett

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? - 1897

8. AGE: Years: 43 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation:

11. Industry or business: Farmer

FATHER
12. Name: Hayslett
13. Birthplace: Unknown

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Mr. Russel Rose
Address: Bengies. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-5-40 (month) (day) (year)
Cemetery or crematory: Balto. Natl. Cemetery
Location: Catonsville

18. Funeral director: John E. Connelly
Address: East 2100

19. June 5th 1940 (Date rec'd by registrar) John E. Connelly Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2nd 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19,
~~and that I last saw him~~ alive on 19

| Immediate cause of death | DURATION |
|---|---|
| Struck by Train Pen R.R. | |
| Fracture of Skull | |
| Due to and left leg | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Date of 6-2-40
Where did injury occur? Bengies (City or town) Mach (County) Mrd (State)
Injured at home, farm, industry, public place (where?) R.R. Tracks
Means of injury Struck by Train Injured at work? no

23. SIGNATURE: M. J. O'Mara Dpty M Ex
M. D. or other
Address: Catonsville Md Date signed 6-2-40

RECEIVED
JUN 18 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1372)

06279

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 months and 24 days

Hospital, institution, or street address where death occurred:
Spring Grove State Hospital

How long in hospital or institution? 7 months and 24 days.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1704 East 28 Street
(If rural, give LOCATION)

2.(a) If veteran, name war: no

**3. (a) FULL NAME:** Catherine T. Heins

**3. (b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6.(b) Name of husband or wife: John F. Heins

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 2

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | | | hrs. min. |

9. Birthplace: Ireland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: unknown
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14 1940. (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Belair Road

18. Funeral director: George E. Pritts Inc.

Address: 1735 Harford Ave. Baltimore

19. 6/17 19 40 (Date rec'd by registrar) Registrar

DEPUTY

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11, 1940, at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 17 1939, to June 11, 1940

and that I last saw her alive on June 11, 1940

| Immediate cause of death | DURATION |
|---|---|
| Chronic myocarditis | before 1939 |
| Due to Coronary and generalized arteriosclerosis | " " |
| Due to Chronic interstitial nephritis | before " |
| Other conditions Senile psychosis | " " |

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.:

Autopsy results: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: none Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp, M.D. M. D. or other

Address: Spring Grove State Hosp. Date signed: 6-12-40

RECEIVED
JUN 14 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

# CERTIFICATE OF DEATH

06280

Reg. Dist. No. 38

**1. PLACE OF DEATH:**
County Balto
City or town Parkville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County
City or town Baltimore Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1030 Wolfe St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Hightower

3. (b) Social Security Number 216-10-7285

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary Hightower
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 11, 1892
8. AGE: Years 47 ? Months Days If less than one day hrs. min.
9. Birthplace Ga (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace "
MOTHER 14. Maiden name "
15. Birthplace "
16. Informant Mary Hightower
Address 1030 Wolfe St
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14, 1940 (month) (day) (year)
Cemetery or crematory Mt. Calvery
Location A.A. County Md.
18. Funeral director Mrs R. A. Elliott & Daughter
Address 1129 N. Caroline St
19. 6/11 1940 (Date rec'd by registrar) A. M. Bacon Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1940, at 9:30 A M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ,
~~and that I last saw h alive on~~ 19 .
Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. O. Muse Jerry M. Ess M. D. or other
Address Pylesville Md Date signed 6-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

University 4280

RECEIVED
JUL 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-A)

07281

## CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore Co.

City or town: Warren Rd., Lockeysville Md
(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md County: Baltimore Co

City or town: Lockeysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Warren Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** William Henry Howard

**3. (b) Social Security Number:** —

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Married |

6 (b) Name of ~~husband~~ or wife: Elizabeth L. Howard

6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): March 21, 1866

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 2 | 16 | ____ hrs. ____ min. |

9. Birthplace: Warren Balto Co
(Town, county, and state)

10. Usual occupation: Store Keeper

11. Industry or business:

FATHER — 12. Name: Thomas Howard

13. Birthplace: Balto Co

MOTHER — 14. Maiden name: Kate Kelley

15. Birthplace: Ireland

16. Informant: Elizabeth L. Howard

Address: Warren Rd. Lockeysville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Poplar Cemetery

Location: Warren, Balto Co Md.

18. Funeral director: A Lee Oder

Address: 4644 York Rd. Balto md.

19. June 7 1940 (Date rec'd by registrar) — Dr. W. C. Enson, Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: June 6 1940, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 1940, to June 6 1940, and that I last saw ~~him~~ her alive on June 5 1940.

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Hemorrhage (Paralysis of right side) | 6 days |
| Due to | |
| Due to Arteria sclerosis - | 2 yrs. |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wilmer C. Enson M. D.
M. D. or other

Address: Cockeysville Md. Date signed: June 7 1940

RECEIVED
SEP 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06281

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

**1. PLACE OF DEATH**

County Baltimore

City or town Ellicott City P.O (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Stonewall Rd & Taunton AVE.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Ellicott City P.O Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Stonewall Rd & Taunton AVE (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

**3. (a) FULL NAME** Samuel I. Howes.

**3. (b) Social Security Number** 212-05-0887

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillie M. Krause Howes

6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.): Dec. 4, 1886

**8. AGE:** Years 53 | Months 6 | Days 12 | Less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Linesman

11. Industry or business: C. & P. Telephone Co.

FATHER 12. Name: Julian Howes

13. Birthplace: Maryland

MOTHER 14. Maiden name: Sedonia Allen

15. Birthplace: Maryland

16. Informant: Mrs. Samuel I. Howes

Address: Ellicott City R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18, 1940 (month) (day) (year)

Cemetery or crematory: Meadowridge Cem

Location: Elkridge Md.

18. Funeral director: Easton Sons

Address: Ellicott City

19. 6/18 1940 (Date rec'd by registrar) [signature] Deputy Local Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 1010 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-4 1939, to 6-16 1940, and that I last saw h im alive on 6-9 1940.

Immediate cause of death: Coronary thrombosis — DURATION: 1 week

Due to: Cardiac Decompensation — 2 yrs

Due to: Arterio-Sclerotic Renal Disease — 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE George Urban M. D. or other

Address 803 Fred Rd Catonsville, Md. Date signed 6-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157-2)

Reg. Dist. No. 44

06282

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Balto

(b) City or town _____ (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: _____

(d) Length of stay in hospital or inst. (yrs., mos., or days) _____

(e) Length of stay in this community (yrs., mos., or days) _____

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Balto

(c) City or town _____ (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Baby Boy Huber

3 (b) If veteran, name war _____ 3 (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June. 7-1940

8. AGE: Years | Months | Days | If less than one day 12 hr. _____ min.

9. Birthplace Balto Co. Md. (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name _____ 13. Birthplace _____

MOTHER 14. Maiden Name _____ 15. Birthplace _____

16 (a) Informant Parents

(b) Address _____

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-40 (month) (day) (year)

(c) Cemetery or crematory _____

Location Schwartz's Cem.

18 (a) Funeral director O'Donnell Sta. Rd.

(b) Address John G. Connelly

19 (a) 6-7-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

## MEDICAL CERTIFICATION

20. Date of death June 7 1940, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940, to June 7 1940, and that I last saw him alive on June 6 1940.

Immediate cause of death Premature

Due to Patent Foramen Ovale

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration _____

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature G. M. Baumgardner M.D. M. D. or other

Address Essex Md Date signed 6/8/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06283

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1. PLACE OF DEATH** (72d)

County _____ Registration Dist. No. 42

Village or City Halethorpe No. Poplar Ave on Woodside Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

**2. FULL NAME** Mary M. Huber If U. S. Veteran, specify WAR _____

(a) Residence: No. Poplar Ave on Woodside Ave Ward. _____

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George J. Huber

6. DATE OF BIRTH (month, day, and year) March 11, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|---|---|---|---|
| 63. | 3 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Andrew Schultz

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Woods

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT George J. Huber Jr

(Address) Poplar Ave on Woodside Ave - Hale thorpe

18. BURIAL, ~~CREMATION~~, ~~OR REMOVAL~~

Place Loudon Park Date June 21, 1940

19. UNDERTAKER Harry A. Wilhelm

(Address) 4401 Harford Ave

20. FILED June 21, 1940 Herbert Lee Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1939, to June 18, 1940

I last saw h-er alive on June 18, 1940; death is said to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis and Chronic Myocarditis with Hypertension | 1939 |

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Menner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Willard S Parson M. D.

(Address) Hale thorpe Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED JUL 2 1928 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06284

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years 10 months 5 days

Hospital, institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution? 9 years, 10 months, 5 days.

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother) Make resident of Balto. Co. on Punch Card.

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No.: 127 North Wolfe Street (If rural, give LOCATION)

2.(a) If veteran, name war: no

**3.(a) FULL NAME:** Marie Karcher (Thurser)

**3.(b) Social Security Number:** no

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 8, 1905

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 35 | 1 | 2 | hrs. min. |

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER — 12. Name: George Karcher

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Sophie Bosley

15. Birthplace: Maryland

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/13/40 (month) (day) (year)

Cemetery or crematory: Spring Grove Hosp.

Location: Catonsville Md.

18. Funeral director: Spring Grove Hosp.

Address

19. 6/13 1940 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10, 1940, at 5:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1936, to June 10, 1940, and that I last saw her alive on June 10, 1940.

| Immediate cause of death | DURATION |
|---|---|
| Typhoid fever; typhoid ulcers of small and large intestines | 3 wks. |
| Due to: Hyperstatic pneumonia, right lung | 2 days |
| Due to: Enlarged spleen | 1 wk. |
| Other conditions: Mental deficiency, imbecility | life |

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.:

Autopsy results: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: none Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 6-10-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PENALTY LOCAL

RECEIVED
JUL 1 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

## CERTIFICATE OF DEATH

06285

Reg. Diat. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:** Balto

County

City or town Kingston Park Inn

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Kingstown Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** James H Kelly Jr.

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | single |

6 (b) Name of husband or wife —

8(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3rd - 1925

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 14 | 8 | 25 | hrs. min. |

9. Birthplace Balto, Md.

(Town, county, and state)

10. Usual occupation Schoolboy

11. Industry or business

FATHER 12. Name James H. Kelly Sr.

13. Birthplace Balto Md.

MOTHER 14. Maiden name Mary Ma. Lynch

15. Birthplace Balto, Md.

16. Informant Parents

Address Kingstown Park

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 7-2-40 (month) (day) (year)

Cemetery or crematory Woodlands Balto

Location Taylor Ave.

18. Funeral director John G. Connelly

Address Govt Hill

19. 7-1-40 19 (Date rec'd by registrar) John G. Connelly Registrar

## MEDICAL CERTIFICATION

Autopsy 3-20

20. DATE OF DEATH June 28th 1940, at P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19

and that I last saw h alive on 19

| Immediate cause of death | DURATION |
|---|---|
| Electrocuted | |
| Due to Accidently Drowned | |
| Due to Metal Covered Bath House | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide~~ or homicide Accident Date of 6-28-40

Where did injury occur? Kingston Park (City or town) Balto (County) Md (State)

Injured at home, farm, ~~industry~~, public place (where?) Balto Md

Means of injury Electric Shock Injured at work? No

23. SIGNATURE W. P. O. Mace Deputy M. Ex

M. D. or other

Address Pikesville Md Date signed 6-28-40

RECEIVED
JUL 6 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L)

## CERTIFICATE OF DEATH

66286

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Texas Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

**3. (a) FULL NAME:** Agnes Kenny

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Single |

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Feb 14, 1871

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 4 | 14 | — hrs. — min. |

9. Birthplace: Texas Maryland (Town, county, and state)

10. Usual occupation: Seamstress

11. Industry or business: Private

FATHER

12. Name: Patrick W. Kenny

13. Birthplace: Ireland

MOTHER

14. Maiden name: Nora Travers

15. Birthplace: Ireland

16. Informant: Mr. J. Frank Kenny

Address: Texas, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7, 1940 (month) (day) (year)

Cemetery or crematory: St. Josephs

Location: Texas Md.

18. Funeral director: Landon M. Brooks

Address: Sparks Md.

19. June 30 1940 (Date rec'd by registrar) Wm. J. Schubert Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 28 1940, at 7:50 PM.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MAY 15 1940, to JUNE 28 1940, and that I last saw her alive on JUNE 28 1940.

| Immediate cause of death | DURATION |
|---|---|
| ACUTE CARDIAC DECOMPENSATION | 3 DAYS |
| Due to ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE | 10 YEARS. |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George Schubert, M.D. (M. D. or other)

Address: Cockeysville, Md. Date signed: 6/28/40

RECEIVED
JUL 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

# CERTIFICATE OF DEATH

66287

Reg. Dist. No. 44

**1. PLACE OF DEATH:**

County Balto

City or town Essex Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Franklin Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Balto

City or town Essex Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Franklin Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Leonard Kirwan

3. (b) Social Security Number 213-07-0779

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Helena Davis

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5th 1881

8. AGE: Years 58 Months 6 Days 0 If less than one day hrs. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual occupation Patent Level Operator

11. Industry or business Beth Steel Co.

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Wm Gordon Kirwan

Address Poplar Rd. Essex, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-8-40 (month) (day) (year)

Cemetery or crematory Moreland Park Cem.

Location Taylor Ave.

18. Funeral director John G. Connelly

Address Essex Md.

19. 6-7-40 19 (Date rec'd by registrar) John G. Connelly Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O. Myer Deputy M. Ex. M. D. or other

Address Pikesville Md Date signed 6-5-40

VS A15 (T) (I) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06288

**1. PLACE OF DEATH** (46-B)

County Baltimore Registration Dist. No. 32

Village or City Pikesville No. 4 McHenry Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Annie E. Klohr If U. S. Veteran, specify WAR ____

(a) Residence: No. 4 McHenry Rd St., Ward. ____ (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Oct. 19 1869

7. AGE: Years 70 | Months 8 | Days 4 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

FATHER

13. NAME: John H. Klohr

14. BIRTHPLACE (city or town) (State or country): Germany ~~Maryland~~

MOTHER

15. MAIDEN NAME: Elizabeth Hahn

16. BIRTHPLACE (city or town) (State or country): ~~Maryland~~ Germany

17. INFORMANT (Address): Mrs John Kaufman Reisterstown, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Randallstown Mt Olivet Date: June 25, 1940

19. UNDERTAKER (Address): Harry H Witzke 4101 Edmondson Ave

20. FILED: 6/24/, 1940 E E Nichols Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1938, to June 23, 1940

I last saw her alive on June 23, 1940; deeth is said to have occurred on the date stated above, at 4.30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 1938 |

Other Contributory Causes of Importence:

Name of operetion None Date of —

Whet test confirmed diagnosis? clinical Was there an autopsy? no

23. If deeth wes due to extornel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Neture of injury ____

24. Was disease or injury in any wey related to occupation of deceased? ____

If so, specify ____

(Signed) E. E. Nichols M. D.

(Address) Pikesville Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

JUL 5 1940
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06289

**1. PLACE OF DEATH** (45-7)

County Baltimore Registration Dist. No. 33

Village or City Owings Mills No. Burkas Aged Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 9 mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Charles Lakin If U. S. Veteran, specify WAR ____

(a) Residence: No. 612 Murdock Rd. St., Ward. Annaslie, Balto Co. Md

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Lakin

6. DATE OF BIRTH (month, day, end year) May 14, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 73 | | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired City

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Employee

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Louden Co. Va. (State or country)

FATHER

13. NAME James W. Lakin

14. BIRTHPLACE (city or town) Frederick Co. Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) Louden Co. Va. (State or country)

17. INFORMANT Mrs. Naomi Garber (Address) Weverton Md.

18. BURIAL, CREMATION, OR REMOVAL Place Knoxville Cem. Date June 8, 1940

19. UNDERTAKER Jesse B. Darley (Address) Brunswick Md.

20. FILED June 7, 1940 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1939, to June 6, 1940

I last saw him alive on June 5, 1940; death is said to have occurred on the date stated above, at 1:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Left Tonsil & Mouth Left side | 1939 |

Other Contributory Causes of Importance:

| | |
|---|---|
| Chronic Myocarditis | ? |
| Terminal Pneumonia | 6/5/40 |

Name of operation none Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) H. F. Ermshar M. D.

(Address) Reisterstown, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLA[illegible], WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED JUL 3 1940 U. S. BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (176)

## CERTIFICATE OF DEATH

06290

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Baltimore
City or town Harrows Point Steel Works
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1428 E. Madison St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Benjamin H Laird.

**3. (b) Social Security Number** 213-12-2531

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Colored | Single |

6 (b) Name of husband or wife —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 1, 1920.

8. AGE: Years 20 | Months | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business Bethlehem Steel Co.

FATHER 12. Name William Laird.

13. Birthplace N. C.

MOTHER 14. Maiden name Carey Lampkins

15. Birthplace Va.

16. Informant Carey Laird

Address 1428 E. Madison St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/30/40 (month) (day) (year)

Cemetery or crematory Asbury Cemetery

Location Robert L. Gowen

18. Funeral director

Address 804 N. Caroline St

19. June 29. 1940 (Date rec'd by registrar) Dawson L. Harbor Dep. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 28th 1940, at 7-40 a.m.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and that I last saw h ____ alive on ____ 19__.

| Immediate cause of death | DURATION |
|---|---|
| Accident. | |
| Run over by train per | |
| Due to Car Harrows Point | |
| Due to Steel Works | |
| Other conditions Body Crushed | |
| Fracture of R. C. other injuries | |

(Include pregnancy within 3 months of death)

Major findings:
20 operations
20 autopsy No

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 6-28-40
Where did injury occur? Harrows Point Steel Works (City or town) (County) (State)
Injured at home, farm, ~~industry, public place (where?)~~ Industry
Means of injury Run over by Car Injured at work? yes

23. SIGNATURE W. F. E. Mac Leary M Ex M. D. or other
Address Sollersville Md. Date signed 6-28-40

RECEIVED
JUL 6 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

# CERTIFICATE OF DEATH

Registered No. 31

**1. PLACE OF DEATH:** Co

(a) Baltimore ~~City~~, Maryland

(b) Street address 2912 Silver Hill Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2912 Silver Hill Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

**3 (a) FULL NAME** Anna Lang

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-9848

| 4. Sex | 5. Color or race | 6 (a) Single, married, widowed, or divorced. |
|---|---|---|
| Female | White | married |

6 (b) Name of husband or wife Frederick L. Lang

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/14/98

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 42 | 5 | 5 | hr. min. |

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Secty.

11. Industry or business

FATHER

12. Name John MacCallum

13. Birthplace Scotland

MOTHER

14. Maiden Name Margaret Reid

15. Birthplace Scotland

16 (a) Informant Frederick L. Lang

(b) Address 2912 Silver Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemy.

Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell Sons Inc

(b) Address 1900 Eutaw Place

19 (a) JUN 21 1940 (Date rec'd by registrar) (b) Registrar

## MEDICAL CERTIFICATION

**20. DATE OF DEATH** June 19, 1940; at M

**21.** I certify that death occurred on the date above stated; that I attended deceased from 6-18-1940, to 6-19-1940, and that I last saw her alive on 6-18 1940.

| Immediate cause of death | Duration |
|---|---|
| Cardiac failure | |
| Lingual Carcinoma | |
| Due to Carcinoma left breast | 13 Mos. |
| Due to | |
| Other Conditions — | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma Breast.

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Warren M. D.

Address 2604 Garrison Ave. Date signed

VS 3

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 24 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (48-B)

# CERTIFICATE OF DEATH

Dr Leo Lally 3517 Edmondson Gil 5038

06292

Reg. Dist. No. 30

**1. PLACE OF DEATH:**
County: Balto.
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 50 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 103 Beaumont Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Katherine Lang

**3. (b) Social Security Number**

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Jan 14th 1859

**8. AGE:** Years: 81 Months: 4 Days: 25 If less than one day ____ hrs. ____ min.

9. Birthplace: Mayo Md. (Town, county, and state)
10. Usual occupation: At Home
11. Industry or business: Self

FATHER
12. Name: John F. Lang
13. Birthplace: Germany

MOTHER
14. Maiden name: Rosina ?
15. Birthplace: "

16. Informant: Harry Leffert
Address: 103 Beaumont Ave
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: June 11th 1940 (month) (day) (year)
Cemetery ~~or crematory~~: Balto
Location: Balto Md.
18. Funeral director: William Cook
Address: 1217 St Paul St
19. 6/10 1940 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9th 1940, at 9 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to June 9 1940, and that I last saw her alive on June 9 1940.
Immediate cause of death: Carcinoma of uterus — DURATION: 1 yr.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury — Injured at work?

23. SIGNATURE: L. A. Lally MD
M. D. or other
Address: 3517 Edmondson Date signed: June 10, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
JUL 1 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06293

**1. PLACE OF DEATH** (131a)

County _____ Registration Dist. No. 41

Village or City Dundalk No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

**2. FULL NAME** Samantha J. Lawless If U. S. Veteran, specify WAR _____

(a) Residence: No. 80 Admiral Blvd St., _____ Ward. _____

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| female | white | widow |

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Draper Lawless

6. DATE OF BIRTH (month, day, and year) June 6, 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|---|---|---|---|
| 90 | 0 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pennsylvania (State or country)

FATHER

13. NAME Jacob Renner

14. BIRTHPLACE (city or town) Pennsylvania (State or country)

MOTHER

15. MAIDEN NAME June Gump

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT Enola Lawless (Address) 80 Admiral Blvd, Dundalk

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date July 2 1940

19. UNDERTAKER Dunward J. Covington (Address) 21 W. 25th St.

20. FILED 7/1, 1940 Milton M. Wilson Deputy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 30 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 5, 1940, to June 30, 1940. I last saw her alive on June 30, 1940; death is said to have occurred on the date stated above, at 3:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Arteriosclerosis with thrombosis | 6/25/40 |

Other Contributory Causes of importance:

| | |
|---|---|
| Senility; U-S-C-V-R. | Not known |
| Disease; Senile | |
| Psychosis; terminal Bronchopneumonia | 6/29/40 |

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19__

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. B. Davis M.D. M. D.

(Address) Dundalk Md.

*If more blanks are needed, address State Registrar, 24 W. Chapel Street, Baltimore, Requesting U. S. No. 1.*

W. M. Carmine, Reg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED JUL 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06294

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 33

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Reisterstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 mos.

Hospital, institution, or street address where death occurred: Mount Pleasant

How long in hospital or institution? 11 mos.

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 2809 Rockrose Ave. (If rural, give LOCATION)

2.(a) If veteran, name war:

**3. (a) FULL NAME:** Harry Lowenthal

**3. (b) Social Security Number:** none

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Oney Lowenthal

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Sept. 18, 1876

**8. AGE:** Years: 63 Months: 9 Days: 2 If less than one day: ..... hrs. ..... min.

9. Birthplace: U. S. A. (Town, county, and state)

10. Usual occupation: City constable

11. Industry or business: same

FATHER
12. Name: Levi Lowenthal
13. Birthplace: U.S.A.

MOTHER
14. Maiden name: Theresa Samuel
15. Birthplace: Germany

16. Informant: Deceased

Address: same

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 23-40 (month) (day) (year)

Cemetery or crematory: Hebrew Friendship

Location: Balto, Md

18. Funeral director: Jack Lewis Inc

Address: 1439 E Balto St

19. June 20 1940 (Date rec'd by registrar) [signature] Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1940, at 4.00P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1939, to June 20 1940 and that I last saw him alive on June 20 1940

| Immediate cause of death | DURATION |
|---|---|
| Chronic Pulmonary Tuberculosis | unknown |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Samuel Lipstein M.D. M. D. or other

Address: Mt. Pleasant Reisterstown Md Date signed: June 20, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 3 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06295

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH** (3)

County Baltimore — Registration Dist. No. 44

Village or City Baltimore — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Baby Tyree

(a) Residence: No. Baltimore Md St., ____ Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) June 3 - 40

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Vernon Tyree

14. BIRTHPLACE (city or town) Brookfield (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Bryan

16. BIRTHPLACE (city or town) Smithfield Va (State or country)

17. INFORMANT Sarah Tyree (Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Druid Elm House Date 6 - 3, 1940

19. UNDERTAKER John B. Connelly (Address) Balto. Md

20. FILED 6 - 3, 1940 John B. Connelly Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June 3 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 3, 19__, to June 3, 1940

I last saw h__ alive on ____, 19__; death is said to have occurred on the date statad above, at Born Dead 5:45 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stillborn | |
| | |
| | |
| | |
| | |
| Dther Contributory Causes of importance: | |
| | |
| | |
| | |

Name of operation ____ Data of ____

What test confirmed diagnosis? Physical Ex. Was thara an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did Injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Mannar of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) F. K. Williams M. D.

(Address) Baltimore Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED JUL 6 1940 BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

## CERTIFICATE OF DEATH

06296

Reg. Dist. No. 32

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 years

Hospital, institution, or street address where death occurred:
14 Church Lane

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 14 Church Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME**

John T. Lyons

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of wife: Ella E. Lyons

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): October 20, 1869

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 70 | 8 | 6 | ..... hrs. ..... min. |

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: State of Maryland

FATHER
12. Name: William B. Lyons
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Mary I. Burley
15. Birthplace: Baltimore, Md.

16. Informant: Mrs. Ella E. Lyons
Address: 14 Church Lane, Pikesville,

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 29, 1940 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville, Maryland

18. Funeral director: Wm. J. Tickner & Sons, Inc.,

Address: North & Penna. Avenues.

19. June 28th 1940 (Date rec'd by registrar) E. E. Nichols Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26, 1940, at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1940, to June 26 1940 and that I last saw h[illegible] alive on June 26th 1940

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Hemorrhage | 3 days |
| Due to | |
| Due to Arterio-Sclerosis | 7 |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: D. E. E. Nichols M. D. or other

Address: Pikesville Md Date signed: 6/27/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

# CERTIFICATE OF DEATH

06297

Reg. Dist. No. 32

**1. PLACE OF DEATH:**

County Balto.

City or town Pikesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 222 Church Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md. County BaltO.

City or town Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 222 Church Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

**3. (a) FULL NAME** Hezekiah T. Mallonee

**3. (b) Social Security Number** None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lola M. Malonee

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1876

**8. AGE:** Years 72 | Months 6 | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace Carroll Co.
(Town, county, and state)

10. Usual occupation Quarryman

11. Industry or business

FATHER
12. Name John T. Mallonee
13. Birthplace Balto. Co.

MOTHER
14. Maiden name Eliza A. Buckingham
15. Birthplace Carroll Co.

16. Informant Lola M. Mallonee

Address Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20, 1940 (month) (day) (year)

Cemetery or crematory Druid Ridge

Location Balto. Co.

18. Funeral director J. F. Eline & Sons

Address Reisterstown, Md.

19. 6-18- 1940 (Date rec'd by registrar) E E Nichols Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from for many years to 19 ____, and that I last saw him alive on June 14th 1940.

Immediate cause of death Coronary thromboses

Due to Cardio vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. E. Mise M. D. or other

Address Pikesville Md Date signed 6-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-8)

06298

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Dundalk.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 70 Dundalk Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 56 Years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Dundalk. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 70 Dundalk Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** ANNA ELIZABETH MARKEL

**3. (b) Social Security Number:**

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Louis F. Markel

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 21, 1883

**8. AGE:** Years: 57 Months: 4 Days: 20 If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: At home

11. Industry or business:

FATHER
12. Name: Franz Tribull
13. Birthplace: Germany

MOTHER
14. Maiden name: Theresa Kiel
15. Birthplace: Germany

16. Informant: Mrs. Rose Sarnos

Address: 39 Dundalk Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 14, 1940 (month) (day) (year)

Cemetery or crematory: Oak Lawn.

Location: Colgate Md.

18. Funeral director: John Ulrich

Address: 2008 Orleans St.

19. 6/12 1940 (Date rec'd by registrar) Milton Deputy Registrar Mr Nelson Local

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11 1940, at 6:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to June 11 1940, and that I last saw her alive on June 10 1940.

| | DURATION |
|---|---|
| Immediate cause of death: Malnutrition and secondary anemia | 2 months |
| Due to: Hemorrhagic ascites | 4 months |
| Due to: Carcinoma of transverse colon, c̄ peritoneal carcinosis | 1 year? 4-5 mo. |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings: 3-15-40

Df operations: Fungating adenocarcinoma of transverse colon, c̄ extensive peritoneal implants.

Df autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Mark Hollander M.D. M. D. or other

Address: 9 Dundalk Ave. Date signed: 6-12-40

W. McCormick Reg.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 15 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-8)

06299

## CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore Co., Home

Stay in hospital or inst. (yrs., or mos., or days) 5 yr 10 mo 16 da

Stay in this community (yrs., or mos., or days) 5 yr 10 mo 16 da

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Texas Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Walthrope
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** Mary McKinley Mathais

**3. (b) Social Security Number** none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife: not known

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 22, 1854

8. AGE: Years 89 | Months 0 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace: Georgia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: John Gordon

13. Birthplace: Scotland

MOTHER — 14. Maiden name: Jane Summer

15. Birthplace: Georgia

16. Informant: Balto. Co., Home (Register)

Address: Texas Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8 1940 (month) (day) (year)

Cemetery or crematory: Elkridge Race Cem.

Location: Howard County Md.

18. Funeral director: E Leroy Stiffler Sons.

Address: 125 E. North Ave. Balto Md.

19. June 6 1940 (Date rec'd by registrar) Wm J. Whitcraft Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1938, to June 6 1940 and that I last saw her alive on June 6 1940.

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma (Intestinal of right side) | 6 mo. |
| Due to Arteriosclerosis | |
| Due to Senility | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Dr. Elmer C. Ensor M.D.
M. D. or other

Address Cockeysville Md. Date signed June 6/40

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JUL 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

## CERTIFICATE OF DEATH

06300

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Baltimore

City or town Rural near White Hall.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 79

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland. County Baltimore.

City or town Rural near White Hall. No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Shane.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** Laura Victoria Meredith.

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widow. |

6 (b) Name of husband or wife James S. Meredith.

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 25, 1860.

8. AGE: Years 79 | Months 4 | Days 21 | If less than one day — hr. — min.

9. Birthplace White Hall Md.
(Town, county and state)

10. Usual occupation Housekeeper.

11. Industry or business —

FATHER 12. Name Edwin Wilson

13. Birthplace Md.

MOTHER 14. Maiden name Sarah Palmer.

15. Birthplace Md.

16. Informant Mrs. Clarence Pierce

Address White Hall, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18, 1940 (month) (day) (year)

Cemetery or crematory West Liberty

Location White Hall, Md. R.D.

18. Funeral director Jacob Starkenstein

Address New Freedom, Pa.

19. June 17 19 40 Chester Fulton
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1940, at 1:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 40, to June 16 19 40, and that I last saw h— alive on June 16 19 40.

| Immediate cause of death | DURATION |
|---|---|
| Cerebral Hemorrhage | |
| Due to Arteriosclerosis | |
| Due to — | |
| Other conditions Hypertension | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE G. M. Frame M. D. or other

Address Parkton, Md Date signed 6/16/40

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JUL 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

06301

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

**1. PLACE OF DEATH:**

County Balto

City or town Stemmers Run

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Balto.

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Adolph Jack Messer

3. (b) Social Security Number 213-01-2363

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mammie Mercer.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1894

8. AGE: Years 46 Months 1 Days 25 If less than one day hrs. min.

9. Birthplace Unknown. (Town, county, and state)

10. Usual occupation

11. Industry or business Harris Turner.

FATHER 12. Name Sam Messer

13. Birthplace Unknown.

MOTHER 14. Maiden name Unknown.

15. Birthplace —

16. Informant wife.

Address Stemmers Run

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/14/40 (month) (day) (year)

Cemetery or crematory Oak Hill.

Location Phila Rd & Harvey Lane

18. Funeral director C. E. Schimunek

Address 2601-03 E. Madison St.

19. 6-13-40 19 (Date rec'd by registrar) John G. Connelly Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1940, at 6P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Non

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O. Mise Deputy M Ex M. D. or other

Address Pikesville Md Date signed 6-10-40

Charles Hueser
Watonga, Okla.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06302

**1. PLACE OF DEATH** (93d)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 5704 Edmondson Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Anna G. Meyer

(a) Residence: No. 5704 Edmondson Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick H. Meyer

6. DATE OF BIRTH (month, day, and year): May 15, 1867

7. AGE: Years 73. Months 1 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sabina K. Meyer (Address) 5704 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Park Date: June 25, 1940

19. UNDERTAKER: Mr. & Mrs. John W. Teufel & Son (Address) 801 W. Fayette St.

20. FILED: 6/24/1940 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1940, to June 22 1940, I last saw her alive on June 20, 1940; death is said to have occurred on the date stated above, at 6:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterisclerosis | 3 Yrs |
| Chronic Myocarditis | 1 Yr |

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) [signature] M. D.

(Address) 2757 W Norwood

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

FLC HELM

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED JUL 28 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-a)

Reg. Dist. No. 44

# CERTIFICATE OF DEATH

06303

**1. PLACE OF DEATH:**

(a) County Balto

(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mohrs Lane

(d) Length of stay in hospital or inst. (yrs., mos., or days) ____

(e) Length of stay in this community (yrs., mos., or days) life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Md. (b) County Balto.

(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(d) Street No. Mohrs Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Frederick Mohr

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Amelia A. Mohr

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 15th 1859

8. **AGE:** Years 81 | Months 6 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual occupation truck farmer

11. Industry or business farmer

**FATHER**

12. Name Henry Mohr

13. Birthplace Germany

**MOTHER**

14. Maiden Name Catherine Magsamen

15. Birthplace Germany

16 (a) Informant Philip Mohr

(b) Address Mohrs Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto City Md.

18 (a) Funeral director Lassahn Funeral Home

(b) Address 7401 Belair Rd.

19 (a) 6-18-40 (Date rec'd by registrar) (b) John L. Comely Registrar

## MEDICAL CERTIFICATION

20. Date of death June 16 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940, to June 16 1940, and that I last saw him alive on June 15 1940.

| Immediate cause of death | Duration |
|---|---|
| Arteriosclerotic Cardio-Vascular renal disease | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. **Signature** J. M. Baumgardner M.D. (M. D. or other)

Address Rosedale Md. Date signed 6/16/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 6 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

## CERTIFICATE OF DEATH

06304

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Balto.
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Essex. Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Essex Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Essex. Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Charles Preston Moseley

**3. (b) Social Security Number** 184-10-9828

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M. | W. | Widower |

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 20 - 1874

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 8 | 3 | ____ hrs. ____ min. |

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Watchman

11. Industry or business Merchant Mines Trans. Co.

FATHER
12. Name Edward K. Moseley
13. Birthplace Delaware

MOTHER
14. Maiden name Maggie Albright
15. Birthplace Delaware

16. Informant Mrs. Mildred Burkert
Address Essex Ave. Stemmers Run

17. Interment (Burial, cremation, or removal. Which?) Date thereof 6-24-40 (month) (day) (year)
Cemetery or crematory Delaware
Location Wilmington, Delaware

18. Funeral director John G. Connelly
Address Essex. Md.

19. 6-24-1940 (Date rec'd by registrar) John G. Connelly Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1940, to June 23 1940, and that I last saw him alive on June 23 1940.

Immediate cause of death: Hypertension; Arteriosclerosis; Chronic Nephritis — DURATION: 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. White, M.D.
M. D. or other
Address 7618 Eastern Ave, Balto, Md. Date signed 6/24/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-B)

# CERTIFICATE OF DEATH

06305

Reg. Dist. No. 44

**1. PLACE OF DEATH:**

County: Balto

City or town: Sparrows Point Steel Works

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 505 N Robinson St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME:** Augustus Evans Myer

**3. (b) Social Security Number:** 216-10-4034

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Hazel C Myer

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 2/13/1889

**8. AGE:** Years: 51 Months: 4 Days: 14 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Steel Worker

11. Industry or business

FATHER

12. Name: Martin Myer

13. Birthplace: Germany

MOTHER

14. Maiden name: Ec Elleston

15. Birthplace: Germany

16. Informant: Ellsworth Myer

Address: 505 N Robinson St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 29-40 (month) (day) (year)

Cemetery or crematory: Oak Lawn

Location: Baltimore

18. Funeral director: John Ullrich

Address: 800 S Orleans St

19. June 28 1940 (Date rec'd by registrar) Dawson P. Harbor Dep. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1940, at 11.10 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, and that I last saw h ~~alive on~~ ~~19~~.

Immediate cause of death: Accident, at work in steel plant

Due to: free about 100 ft.

Due to: fractured skull, both legs, crushed chest

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~: Accident Date of: 6-26-40

Where did injury occur? Sparrows Point (City or town) Balto (County) Md (State)

Injured at ~~home~~, ~~farm~~, industry, public place (where?): Industry

Means of injury: free 100 ft. Injured at work? yes

23. SIGNATURE: M. G. E. Myer Deputy M. Ex. M. D. or other

Address: Sykesville Md Date signed: 6-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 1 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06306

(46-B)

**1. PLACE OF DEATH**

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Philip Frederick Nash If U. S. Veteran, specify WAR ✓

(a) Residence: No. 6 Howard Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura V. Nash

6. DATE OF BIRTH (month, day, and year): 10-18-1864

7. AGE: Years 75 | Months 8 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Caretaker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 3

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Joseph Nash

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Albright

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Ansley G. Nash, 13 Ingleside Ave - Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place: Granite M.E. Date: 6-14, 1940

19. UNDERTAKER (Address): Edward S. Mac Nabb, Frederick & Wade Ave

20. FILED: 6/14/40, 19 [signature] Registrar.

DEPUTY LOCAL

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 6 (Month) 12 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1940, to 6-12, 1940

I last saw him alive on 6-11, 1940; death is said to have occurred on the date stated above, at 3:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | Unknown |

Other Contributory Causes of importance:

| | |
|---|---|
| Metastasis of Lungs | 3-19-40 |

Name of operation: Laparatomy Date of 3-26-40

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George E. Urban M. D.

(Address) 803 Fred Rd Catonsville, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

06307

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

**1. PLACE OF DEATH:**

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 602 Orpington Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md County Baltimore

City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 602 Orpington Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Evelyn M Orr

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife David H Orr

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14 1852

8. AGE: Years 87 Months 5 Days 22 If less than one day hrs. min.

9. Birthplace Pa
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Archibald McSparren
13. Birthplace Pa

MOTHER
14. Maiden name Henrietta Moody
15. Birthplace Pa

16. Informant Rosella Knauff

Address 1829 E 31st St

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof June 8-1940
(month) (day) (year)

Cemetery or crematory Loudon Park

Location Frederick Road

18. Funeral director William Cook

Address 1217 St Paul Street

19. 6/7 1940 H L Sunderland
(Date rec'd by registrar) Registrar

DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to June 6 1940, and that I last saw her alive on June 6 1940.

Immediate cause of death Cerebral Hemmorrhage about 1 wk

Due to Senile nephritis and Gen'l Debility

Due to Chronic nephritis C.W.G.R. Duration: not stated.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter E. Krickman MD
M. D. or other

Address 225 Murdock Rd Date signed June 7 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 1 1940
BUREAU U. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-c)

06308

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

**1. PLACE OF DEATH:** Balto

County

City or town Garrison
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Social Security #

Stay in hospital or inst. (yrs., or mos., or days) 219-07-4367

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Balto.

City or town Garrison Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Clattonlee Road
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR No

**3. (a) FULL NAME** Richard Robert Phipps

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Colored | Married |

8 (b) Name of husband or wife Mary Ethel Gains Phipps

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1909

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 31 | | | hrs. min. |

9. Birthplace Balto Co Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Mr. Devese - Garrison Md

FATHER
12. Name Austin Phipps
13. Birthplace Balto Co. Md

MOTHER
14. Maiden name Sarah Schollar
15. Birthplace Balto Md

16. Informant Mary Ethel Gaines Phipps
Address Garrison Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 31-1940 (month) (day) (year)

Cemetery or crematory St. Thomas

Location Garrison Forest, Md.

18. Funeral director Frank H. Yewell
Address Pikesville Md.

19. 6/30/40 (Date rec'd by registrar) 19 E E Nichols Registrar

### MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH June 28th 1940, at 1.50 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~ ~~and that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death Suicide
Gun shot wound
Due to of head
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
~~Accident~~, suicide, ~~or homicide~~ Suicide Date of 6-28-40
Where did injury occur? Garrison (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?) home
Means of injury Gun shot Injured at work? No

23. SIGNATURE W. P. O. Mise Dep'y M Ex
M. D. or other
Address Pikesville Md Date signed 6-29-40

RECEIVED
JUL 19 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13-2)

# CERTIFICATE OF DEATH

06309

Reg. Dist. No. 32

**1. PLACE OF DEATH:**
County Baltimore
City or town Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 0 yrs., 0 mos., 1 day
Stay in this community (yrs., or mos., or days) 0 yrs., 0 mos., 1 day

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 633 S. Montford Avenue
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

**3. (a) FULL NAME** Louis Pilachowski

371-09-7296

**3. (b) Social Security Number** -None-

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Sadie Pilachowski
6(c) If alive, give age 27 years
7. Birth date of deceased (mo., day, yr.) August 24, 1906
8. AGE: Years 33 | Months 10 | Days 3 | If less than one day ___ hrs. ___ min.
9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual occupation Chauffeur
11. Industry or business Unknown
FATHER
12. Name John Pilachowski
13. Birthplace Poland
MOTHER
14. Maiden name Frances Zenski
15. Birthplace Poland
16. Informant Eleanor Pearson
Address Mount Wilson, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1, 1940 (month) (day) (year)
Cemetery or crematory Holy Rosary Cemetery
Location Baltimore, Maryland
18. Funeral director George A. Weber
Address 705 S. Ann St., Baltimore, Md.
19. 6/27/40 (Date rec'd by registrar) 19 J. Frank Spalding Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1940, at 11:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26, 1940, to June 27, 1940, and that I last saw him alive on June 27, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 mos.
Due to Tubercle Bacilli
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Stewart S. Shaffer M.D. M.D. or other
Address Mt. Wilson, Md. Date signed 6/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 29 1940
BUREAU V. E.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

## CERTIFICATE OF DEATH

Dr. Bacon Taylor ave 06310

Reg. Diat. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Balto

City or town: Baynesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: Goetze ave + Joppa Rd

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 15 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Baynesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Goetze ave + Joppa Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

**3. (a) FULL NAME:** John H. Poston

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6. (a) single, married, ~~widowed, or divorced~~ |
|---|---|---|
| Male | White | Married |

B (b) Name of ~~husband or~~ wife: Anna B. Poston

6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Dec 9th 1861

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 78 | 6 | 5 | ____ hrs. ____ min. |

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Building

FATHER 12. Name: John F. Poston

FATHER 13. Birthplace: Chestertown Md.

MOTHER 14. Maiden name: Margaret (unknown)

MOTHER 15. Birthplace: Washington D.C.

16. Informant: Anna B. Poston

Address: Goetze ave + Joppa Rd - Baynesville

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 6/17/40 (month) (day) (year)

Cemetery ~~or crematory~~: Schwartz

Location: Balto Md

18. Funeral director: William Cook

Address: 1217 St. Paul st

19. 6/15 (Date rec'd by registrar) 1940 A. M. Bacon Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: June 14th 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930, to June 14 1940, and that I last saw him alive on June 12 1940.

Immediate cause of death: Chronic myocarditis, nephritis + arteriosclerosis — DURATION: 10 yrs.

Due to: —

Due to: —

Other conditions: Chr. bronchitis — 4 mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. ~~VIOLENCE~~: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. M. Bacon, M.D. (M. D. or other)

Address: Parkville, Md. Date signed 6/15/40

RECEIVED
JUN 19 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

06311

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 days

Hospital, institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 28 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Landover

(If outside city or town limits, write RURAL and give nearest town)

Street No.: None

(If rural, give LOCATION)

2.(a) If veteran, name war: No

**3. (a) FULL NAME:** Henry A. Ready

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6.(b) Name of husband or wife: Daisy A. Jenkins

6.(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): June 4, 1867

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | - | 14 | ...hrs. ...min. |

9. Birthplace: Washington, D.C. (town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Unknown

FATHER — 12. Name: Michael Ready

FATHER — 13. Birthplace: Ireland

MOTHER — 14. Maiden name: Hannah O'Connor

MOTHER — 15. Birthplace: Ireland

16. Informant: Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 22, 1940 (month) (day) (year)

Cemetery or crematory: Hyattsville, Md.

Location: Hyattsville, Md.

18. Funeral director: Francis Gatrah

Address: Hyattsville, Md.

19. 6/19/40 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-18-1940 at ...M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21, 1940, to June 18, 1940 and that I last saw him alive on June 18, 1940

Immediate cause of death: Chronic myocarditis — Duration: Before 1940

Due to: Chronic interstitial nephritis — Before 1940

Due to: Coronary and generalized Arteriosclerosis — Before 1940

Other conditions: Senile psychosis — Before 1940

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.:

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of:

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): None

Means of injury: None Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp M. D. or other

Address: Spring Grove Hospital Date signed: 6/19/40

RECEIVED
JUL 1 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

06312

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month, 5 days

Stay in this community (yrs., or mos., or days): " " " "

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: RFD # 3
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

**3. (a) FULL NAME:** E. Naomi Redmond

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6 (b) Name of husband or wife: William Redmond

6(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): June 22, 1898

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 42 | 0 | 5 | ---hrs. ---min. |

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home.

FATHER — 12. Name: John Foreman

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 29, 1940 (month) (day) (year)

Cemetery or crematory: St Johns

Location: Ellicott City

18. Funeral director: F.C. Higinbothom

Address: Ellicott City, Md.

19. 6/29 (Date rec'd by registrar) 19 30 Registrar

DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27, 1940, at 3:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22, 1940, to June 27, 1940, and that I last saw her alive on June 27, 1940.

| Immediate cause of death | | DURATION |
|---|---|---|
| | Paresis, General | before 1940 |
| Due to | Chronic Aortitis | " 1940 |
| Due to | Chronic Endocarditis | " 1940 |
| Other conditions | | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none As given above

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ---------- Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp, M. D. or other

Address: Spring Grove State Hosp. Date signed: 6-27-40

RECEIVED
JUL 1 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06313

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

**1. PLACE OF DEATH** (934)

County Baltimore — Registration Dist. No. 42

Village or City Lansdowne — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

**2. FULL NAME** Sarah Ellen Reithmuller — If U. S. Veteran, specify WAR —

(a) Residence: No. 304 3rd Avenue St., — Ward.

(Usual place of abode) — If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Reithmuller

6. DATE OF BIRTH (month, day, and year) May 12. 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 75 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✓ — 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Frederick County (State or country) Maryland

FATHER

13. NAME Joseph Deborbiss

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna E. Holt

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Albert Burdusson

(Address) 304 Third Ave - Lansdowne

18. BURIAL, CREMATION, OR REMOVAL

Place Burial - Holy Rood Date 6/29/40, 19

19. UNDERTAKER F. B. Seibert & Son

(Address) 1200 Eutaw Place

20. FILED June 28, 1940 Geo. Kieffer Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June 26 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1940, to June 26, 1940

I last saw her alive on June 26, 1940; death is said to have occurred on the date stated above, at 3:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| Acute Congestive Heart Failure | |

Other Contributory Causes of importance:

Chronic Myocarditis
Hypertension

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None — Date of injury —, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Spitzmesser M. D.

(Address) Lansdowne, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

JUL 2 1940
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE

~~BALTIMORE~~ CITY HEALTH DEPARTMENT

# CERTIFICATE OF DEATH (131-a)

06314

Registered No. 44

**1. PLACE OF DEATH:**

(a) Baltimore City, Maryland

(b) Street address 501 47th St Harbor View

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Md (b) County Balto.

(c) City or town Harbor View
(If outside city or town limits, write RURAL and give town)

(d) Street No. 501 47th St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

**3 (a) FULL NAME** Laura Renner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

| 4. Sex | 5. Color or race | 6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~. |
|---|---|---|
| Female | White | Widow |

6 (b) Name of husband or wife Vincent Renner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11th 1874

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | | | hr. min. |

9. Birthplace Wellslow W. Va.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John P. Philipps
13. Birthplace Wellslow W. Va.

MOTHER
14. Maiden Name Margaret Philipps
15. Birthplace Wellslow W. Va.

16 (a) Informant Mrs. Renner
(b) Address 501 47th St.

17 (a) Burial (b) Date thereof June 17th 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave Road

18 (a) Funeral director Leo G. Legore
(b) Address 1701-03 N. Patt Park Ave

19 (a) Jun 15 (b) 40 J. P. Connelly
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

**20. DATE OF DEATH** June 13 1940, at 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940, to June 13 1940, and that I last saw her alive on June 13 1940.

| Immediate cause of death | Duration |
|---|---|
| Hypertensive Cardio-renal disease | 6 yrs |
| Due to | |
| Due to | |
| Other Conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature David Schneider M. D.

Address 1211 N. Milton Ave Date signed 6-14-40

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

Social Security No. - 220-07-7764

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06315

**1. PLACE OF DEATH**

County Baltimore 95 Registration Dist. No. 44

Village or City Middle River P.O. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Conrad Ritter

(a) Residence: No. Bird River Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1871 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Pope Cover

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Wallas & Gale.

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John F. Ritter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna K. Regner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Ritter (Address) Bird River Road.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date June 18, 1940

19. UNDERTAKER Clarence F. Hoffman (Address) 1639 N Broadway

20. FILED 6-17-, 1940 John S. Annually Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** June (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1939, to June 16, 1940

I last saw him alive on June 13, 1940; death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | ? |

Other Contributory Causes of Importance

| | |
|---|---|
| Tubercular Laryngitis | 9 mos. |

Name of operation Cauterized ulcer on larynx Date of Bronchial

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Albert E. Sikorsky M. D.

(Address) 2939 Mt Elderg St

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

RECEIVED JUL 8 1940 BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# STATE OF MARYLAND—CERTIFICATE OF DEATH

06316

**1. PLACE OF DEATH** (93d)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? 72 yrs. ___ mos. ___ ds.

**2. FULL NAME** Katherine Robb If U. S. Veteran, specify WAR —

(a) Residence: No. 100 Newberg ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~[illegible]~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James W. Robb

6. DATE OF BIRTH (month, day, and year): Sept 26-1849

7. AGE: Years 90 | Months 8 | Days 19 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Wm ~~Robb~~ Jann

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Katherine — ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Whittington 100 Newberg ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: 6/17, 1940

19. UNDERTAKER (Address): Philip Herwig Sons 2024 Orleans st

20. FILED: 6/16, 1940 H. Andrews Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 6 (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to June 13, 1940

I last saw her alive on June 13, 1940; death is said to have occurred on the date stated above, at 7:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Debility | |
| Heart failure | |
| Primary Cause: Chronic myocarditis | |
| Duration: Not stated. | |

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Edward A. Morgan M. D.

(Address) 1216 W. Fayette St Balto Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DEPUTY LEGAL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Morgan 1218 W. Fayette
7-8

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

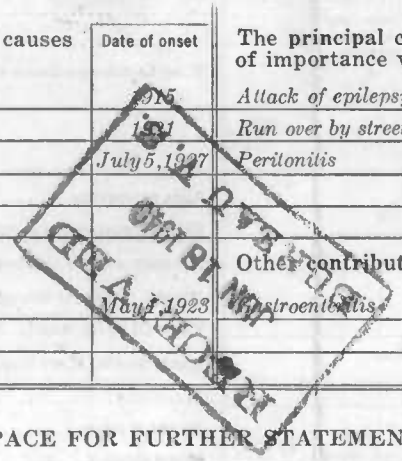
**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | 1915 |
| *Chronic interstitial nephritis* | 1921 |
| *Cerebral hemorrhage* | July 5, 1927 |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | May, 1923 |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

5

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

06317

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

**1. PLACE OF DEATH:** Balto

County

City or town Dundalk

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md County

City or town Dundalk Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Virginia Robinson

**3. (b) Social Security Number**

4. Sex: female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Louis Robinson

6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) May 11, 1906

**8. AGE:** Years 34 | Months 1 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charlie Watkins
13. Birthplace Unknown

MOTHER
14. Maiden name Susie Pines
15. Birthplace Unknown

16. Informant Louis Robinson

Address Dundalk

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 3 1940 (month) (day) (year)

Cemetery or crematory

Location Clarkville Virginia

18. Funeral director Mrs. R. G. Elliott's Daughter

Address 1129 N. Caroline St.

19. 6-30 1940 (Date rec'd by registrar) John G. Connelly Registrar

### MEDICAL CERTIFICATION

AM

20. DATE OF DEATH June 30th 1940, at 2:30 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19 ____, to ____ 19 ____, and that I last saw h ____ alive on ____ 19 ____~~

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. O. Myer Deputy M Tex M. D. or other

Address Pikesville Md Date signed 1.30.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
JUL 25 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

# CERTIFICATE OF DEATH

06318

Reg. Dist. No. 42

**1. PLACE OF DEATH:**

County: Baltimore County

City or town: Larchmont (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 5903 Gwynn Oak Avenue

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 16 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Baltimore Co.

City or town: Larchmont Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 5903 Gwynn Oak Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles F. Roessler

3. (b) Social Security Number:

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lina Roessler

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Jan. 4, 1871

8. AGE: Years 69 Months 5 Days 7 If less than one day ___ hrs. ___ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Hardware Merchant (ret.)

11. Industry or business: Hardware

FATHER
12. Name: Charles F. Roessler
13. Birthplace: Germany

MOTHER
14. Maiden name: Dorothea Hildebrandt
15. Birthplace: Germany

16. Informant: Mrs. Fred Hawkins

Address: Baltimore Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 12, 1940 (month) (day) (year)

Cemetery or crematory: Western Cemetery

Location: Balto. Md.

18. Funeral director: A. Howard Evans

Address: 1400-02 S. Charles

19. June 11 1940 (Date rec'd by registrar) Geo Keeffer Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11 1940, at 12:05 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1933, to June 11 1940, and that I last saw him alive on June 10 1940.

Immediate cause of death: Chronic Myocardial Deg. — DURATION: 6 yrs

Due to:

Due to:

Other conditions: Paralysis Agitans — 10 yrs. Chronic Nephritis — uncertain (Include pregnancy within 3 months of death)

Major findings:

Dt operations: no operation

Dt autopsy: not performed.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Joshua H. Armacost M. D. or other

Address: Woodlawn Md. Date signed: Jun 11 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

# CERTIFICATE OF DEATH

66319

Reg. Dist. No. 3e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore County

City or town: Rural - near Woodlawn (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Corner Central and Kent Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 21 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Baltimore Co.

City or town: Rural - near Woodlawn Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Corner Central and Kent Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Eleanor Rohrback

**3. (b) Social Security Number:**

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Martin E. Rohrback

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): June 26, 1864

8. AGE: Years: 76 Months: 0 Days: 0 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: home

11. Industry or business: home

FATHER 12. Name: Robert Wilson

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: M. Charly Morris

MOTHER 15. Birthplace: Maryland

16. Informant: Mrs. Martin E. Rohrback

Address: Woodlawn, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28-40 (month) (day) (year)

Cemetery or crematory: Western

Location: Baltimore City

18. Funeral director: Geo W. Little

Address: 2700 Edmondson Ave

19. 6/27/40 (Date rec'd by registrar) Registrar

DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1940, at 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1939 to June 26 1940, and that I last saw h-er alive on June 25 1940.

Immediate cause of death: Chronic Myocardial Degeneration — DURATION: 5 yrs

Due to:

Due to:

Other conditions: Multiple Sclerosis — 10 yrs uncertain; Chronic Syphilitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

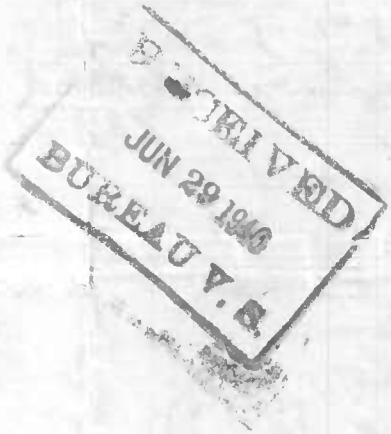
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Joshua H. Armacost M.D. M. D. or other

Address: Woodlawn Md Date signed June 26 1940


RECEIVED
JUN 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92b)

# CERTIFICATE OF DEATH

06320

Reg. Dist. No. 30

**1. PLACE OF DEATH**

County Baltimore

City or town Woodlawn P.O.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Talbott Road.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Balto.

City or town Woodlawn P.O. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Sarah E Schene

**3. (b) Social Security Number** None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bernard A. Schene

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.): Oct. 5, 1877

**8. AGE:** Years 62 Months 8 Days 29 If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House wife.

11. Industry or business

FATHER 12. Name: James O'Donnell

13. Birthplace: Maryland.

MOTHER 14. Maiden name: Anna Unknown

15. Birthplace: Maryland

16. Informant: Bernard A. Schene

Address: Woodlawn Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7, 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem

Location: Baltimore Md.

18. Funeral director: Easton Sons

Address: Ellicott City

19. 6/6 1940 (Date rec'd by registrar) H. L. Andrear Registrar

DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 10 30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14 1940, to May 5 1940, and that I last saw her alive on May 5 1940.

Immediate cause of death: Coronary Thrombosis

Due to: Mitral Valvular

Due to: Disease (Before 1940)

Other conditions: Sudden Death

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold W. Hammond M. D. or other

Address Catonsville Md. Date signed 6/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 1 1940
BUREAU U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

06321

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

**1. PLACE OF DEATH:** Balto

County Parkville Balto Co Md

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7817 Clarkworth Pl.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Annie Schepp

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| female | White | widow |

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March. 10-1862

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 78 | 3 | 18 | hrs. min. |

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Wm Meyers
13. Birthplace Germany

MOTHER
14. Maiden name Dont Know
15. Birthplace Germany

16. Informant Mrs Anna Debelius

Address 601 N. Robinson St.

17. Burial Date thereof July 1 - 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Carmel

Location E. Donnell Rd.

18. Funeral director John. A. Moran

Address 3000 E. Balto. St

19. June 29 1940 A. M. Bacon
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 28th 1940, at 2:10 A.M.

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Valvular heart disease

Due to Cardio Vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O. Wise Dopy M Tex
M. D. or other

Address Pennsville Md Date signed 6-28-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1919
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) Reg. Dist. No. 32

## CERTIFICATE OF DEATH

06322

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town Howardville. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 80

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md (b) County Balto.
(c) City or town Howardville. (If outside city or town limits, write RURAL and give town)
(d) Street No. Rockland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Charles Thomas Schwatka.

| 3 (b) If veteran, name war | 3 (c) Social Security No. |
|---|---|
| No | — |

| 4. Sex | 5. Color or race | 6 (a) Single, married, widowed, or divorced. |
|---|---|---|
| Male | White | Widower |

6 (b) Name of husband or wife Fanny Geiat.
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 17, 1860

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 1 | 1 | ____ hr. ____ min. |

9. Birthplace Balto. Co. (Town, county, and state)
10. Usual occupation Night Watchman
11. Industry or business

FATHER
12. Name Francis A. Schwatka
13. Birthplace Maryland.

MOTHER
14. Maiden Name Elizabeth Joyce
15. Birthplace Md.

16 (a) Informant Mrs Rose Gosnell.
(b) Address Howardville. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1940 (month) (day) (year)
(c) Cemetery or crematory Guest Cem
Location Hanover, Pa.

18 (a) Funeral director E. W. Lamborn
(b) Address 100 E. Lexington St. Balto. Md.

19 (a) 6/19/40 (Date rec'd by registrar) (b) C. C. Nichols Registrar

**MEDICAL CERTIFICATION**

20. Date of death June 18 1940, at 5.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1931, to June 17 1940, and that I last saw him alive on June 17 1940

| Immediate cause of death | Duration |
|---|---|
| Bronchopneumonia | 2 wks. |
| Due to Chronic myocarditis | |
| & myocardial degeneration | 5 yrs. |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Palmer F. C. Williams M. D. or other
Address Pikesville. Md. Date signed June 18. 40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

06323

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 0 yrs., 0 mos., 27 days
Stay in this community (yrs., or mos., or days): 0 yrs., 0 mos., 27 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 803 Gist Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Thomas F. Schweinhaut

**3. (b) Social Security Number:** 578-09-3108

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife: Mrs. Clara Schweinhaut
6(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): November 27, 1890

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 49 | 6 | 18 | ____ hrs. ____ min. |

9. Birthplace: Washington, D. C.
(Town, county, and state)

10. Usual occupation: Store Manager

11. Industry or business: Unknown

FATHER
12. Name: Peter Schweinhaut
13. Birthplace: New York, N. Y.

MOTHER
14. Maiden name: Anne M. Leavy
15. Birthplace: Arlington County, Virginia

16. Informant: Eleanor Pearson
Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 17, 1940 (month) (day) (year)

Cemetery or crematory:
Location: Silver Spring, Maryland

18. Funeral director: William J. Tickner & Sons
Address: North & Penna. Aves., Baltimore, Md.

19. June 14, 1940 (Date rec'd by registrar) J. Hawk Spalding Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14, 1940, at 6:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18, 1940, to June 14, 1940, and that I last saw him alive on June 14, 1940

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary Tuberculosis | 2-1/2 yrs |
| Due to: Tubercle Bacilli | |
| Due to: | |
| Other conditions: Tuberculous Laryngitis | Unknown |
| Tuberculous Enteritis | Unknown |

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart D. Shaffer M.D.
M. D. or other
Address: Mt. Wilson, Md. Date signed: 6/14/40

RECEIVED
JUL 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

06324

## CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Randallstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.O. Route #7, Pikesville, Md.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Randallstown Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. P.O. Route #7, Pikesville, Md. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Harold Claude Shipley

**3. (b) Social Security Number:** 705-10-3250

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Agnes Shipley

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): June 25, 1889

8. AGE: Years: 50 Months: 11 Days: 21 If less than one day: hrs. min.

9. Birthplace: Carroll County, Md. (Town, county, and state)

10. Usual occupation: Clerk, Accounting Dept.

11. Industry or business: B & O Railroad Co.

FATHER 12. Name: George S. Shipley

FATHER 13. Birthplace: Md.

MOTHER 14. Maiden name: Mary Leanna Eyler

MOTHER 15. Birthplace: Md.

16. Informant: Helen Agnes Shipley

Address: Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18th, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Olive, Randallstown

Location: Randallstown, Md.

18. Funeral director: Wm. J. Tickner & Sons, Inc.

Address: North & Pa. Ave. Balto., Md.

19. 6/17 1940 (Date rec'd by registrar) E. E. Nichols Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 19 40, at 1.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1937 19 , to June 16 1940, and that I last saw him alive on June 16 1940.

| Immediate cause of death | DURATION |
|---|---|
| Cerebral hemorrhage | 5 hrs. |
| Due to | |
| Arterial hypertension | About 3 yrs |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN** Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E E Nichols M.D. M. D. or other

Address: Pikesville. Md Date signed: 6-17-40

RECEIVED
JUN 21 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 30

06325

# CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
(a) County Baltimore
(b) City or town Hebbville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in this community (yrs., mos., or days) Life

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Windsor Mill Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles E. Sutch

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary B. Sutch

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 14 1858

8. AGE: Years 81 Months 6 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Sutch
13. Birthplace England

MOTHER
14. Maiden Name Mary Bowen
15. Birthplace Pikesville Md.

16 (a) Informant W. Clarence Sutch
(b) Address Dogwood Rd. Woodlawn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive
Location Randallstown Md.

18 (a) Funeral director E. W. Lamoreau
(b) Address 1003 W. Baltimore St. Balto Md.

19 (a) 6/18/40 (Date rec'd by registrar) (b) H. C. Sudrow Registrar

DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. Date of death June 16 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939, to June 16 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death Toxemia from Gangrene of Right Leg

Due to Arterio Sclerosis

Due to

Other conditions Gangrene of Left Leg - Amputation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 6 months

1930

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Sumner M. D. or other

Address 4509 Tehesby Hgn Date signed June 16

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 1 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

06326

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 hours

Hospital, institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 6 hours

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3 Forrest Drive
(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** John W Taylor

**3. (b) Social Security Number** NONE

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6.(b) Name of husband or wife: None

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 29, 1866

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | 7 | 7 | ..... hrs. ..... min. |

9. Birthplace: Harford County, Md.
(Town, county, and state)

10. Usual occupation: Wrapping clerk

11. Industry or business: Department store

FATHER
12. Name: Abednego Taylor
13. Birthplace: Virginia

MOTHER
14. Maiden name: Priscilla Byrd
15. Birthplace: Virginia

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Ave

18. Funeral director: G. Howard Strong

Address: 715 Light St.

19. 6/5 1940 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5, 1940 at 12:30a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4, 1940 to June 5, 1940 and that I last saw him alive on June 5, 1940

| Immediate cause of death | DURATION |
|---|---|
| Acute lobar pneumonia, bilateral | Before June 4th |
| Due to Chronic myocarditis | Before 1940 |
| Due to Chronic interstitial nephritis | Before 1940 |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations: No

Date of op.

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) No

Means of injury: None Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp M. D. or other

Address: Spring Grove Hospital Date signed 6/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 11 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06327

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs., 3 mos., 29 das.

Stay in this community (yrs., or mos., or days) 2 yrs., 3 mos., 29 das.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 119 Collins Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Achilles Thiele

**3. (b) Social Security Number:** No. Unknown

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 13, 1915

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 24 | 6 | 22 | hrs. min. |

9. Birthplace: Lansdowne, Baltimore County, Maryland
(Town, county, and state)

10. Usual occupation: Musician

11. Industry or business: Unknown

FATHER 12. Name: Paul Thiele

FATHER 13. Birthplace: Germany

MOTHER 14. Maiden name: Frieda Sibert

MOTHER 15. Birthplace: Germany

16. Informant: Eleanor Pearson

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7, 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park Cemetery

Location: Baltimore, Maryland

18. Funeral director: F. B. Wippert

Address: 1300 Eutaw Place, Baltimore, Md.

19. June 4, 1940 (Date rec'd by registrar) J. Paul Spalding Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: June 4, 1940, at 8:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6, 1938, to June 4, 1940, and that I last saw him alive on June 4, 1940

| | DURATION |
|---|---|
| Immediate cause of death: Pulmonary Tuberculosis | 2 yrs., 7 mos. |
| Due to: Tubercle Bacilli | |
| Due to: | |
| Other conditions: Tuberculous Enteritis | 4 months |

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Phrenicectomy May 1938

Of autopsy: No autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M. D. or other

Address: Mount Wilson, Maryland Date signed: 6/4/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18-B)

# CERTIFICATE OF DEATH

06328

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Baltimore

City or town Reisterstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 103 Butler Road.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 22 years.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town 103 Butler Road, Reisterstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 103 Butler Road.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** Hilda Ray Constantine Warehime

**3. (b) Social Security Number** none.

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6 (b) Name of husband or wife Walter Sterling Warehime

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1893.

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 46 | 9 | 24 | ____ hrs. ____ min. |

9. Birthplace Randallstown, Carroll Co., Md.

(Town, county, and state)

10. Usual occupation House Wife.

11. Industry or business —

FATHER

12. Name George W. Constantine

13. Birthplace Md.

MOTHER

14. Maiden name Susie Fry Fogle

15. Birthplace Md.

16. Informant Walter S. Warehime

Address 103 Butler Road, Reisterstown.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1, 1940 (month) (day) (year)

Cemetery or crematory Druid Ridge.

Location Pikesville

18. Funeral director Wm. Berryman & Sons.

Address Reisterstown, Md.

19. June 28 1940 (Date rec'd by registrar) [signature] Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27/40, at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/1/40, to 6/27/1940, and that I last saw her alive on 6/22/40.

| Immediate cause of death | DURATION |
|---|---|
| Carcinoma of stomach | |
| Due to — | |
| Due to — | |
| Other conditions — | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE James G. Duffy M. D. or other

Address Reisterstown, Md. Date signed 6/29/40

RECEIVED
JUL 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

## CERTIFICATE OF DEATH

06329

Reg. Dist. No. 33

**1. PLACE OF DEATH:**

County: Baltimore

City or town: Owings Mills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or inst. (yrs., or mos., or days): 43 yrs. 8 mo. 4 da

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Harford County Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Lovell Aloysius Webster

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 13, 1889

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 50 | 11 | 7 | hrs. min. |

9. Birthplace: Harford County (Town, county, and state)

10. Usual occupation: Inmate of Rosewood St. Tr. School.

11. Industry or business:

FATHER — 12. Name: B. F. Webster

13. Birthplace: Harford County

MOTHER — 14. Maiden name: Henrietta Ady

15. Birthplace: Harford County

16. Informant: Rosewood State Training School Records.

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21 1940 (month) (day) (year)

Cemetery or crematory: Rosewood

Location: Balto Co.

18. Funeral director: J. F. Kline, Sons

Address: Reisterstown Md

19. June 20 1940 (Date rec'd by registrar) J. F. Kline Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20, 1940, at 6:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 1938 to June 20, 1940

and that I last saw him alive on June 20, 1940

Immediate cause of death: Myocarditis with cardiac hypertrophy.

Due to: Arterio-sclerosis (Gull Sutton's Disease).

Due to: Diabetes Mellitus

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

Prior to admission 11/9/39 1933

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Harry S. Butler, M. D.

M. D. or other

Address: Owings Mills, Md Date signed: 6/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06330

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

**1. PLACE OF DEATH:**
County: Balto
City or town: Sparrows Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 10 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Sparrows Pt Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Bethlehem Steel Co - Barracks
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Lindsey Wilkins

**3. (b) Social Security Number:** 213-07-1193

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Colored | Married |

6 (b) Name of husband or wife: Annie M. Wilkins
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 56 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Lexton N. C. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Bethlehem Steel Co

FATHER
12. Name: Mack Wilkins
13. Birthplace: N. C.

MOTHER
14. Maiden name: Minia Powell
15. Birthplace: N. C.

16. Informant: Reginald Ruffin
Address: Barracks - Sparrows Pt

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-27-40 (month) (day) (year)
Cemetery or crematory: Rose Mount
Location: Sheffield Ave.

18. Funeral director: Frank M. Chase & Son
Address: 638 N. Gilmor St.

19. June 26 19 40 (Date rec'd by registrar) Dawson L. Harbert Reg. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24 1940, at 3 - M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19
and that I last saw h alive on 19

Immediate cause of death: Valvular heart disease
DURATION:
Due to: Arterio-Sclerosis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: D. C. Mc Leod M. D.
M. D. or other
Address: Tuscarora Md Date signed 6-24-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 28 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

# CERTIFICATE OF DEATH

CB 06331

Reg. Dist. No. 38

**1. PLACE OF DEATH:**
County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sheppard and Enoch Pratt Hospital
Stay in hospital or inst. (yrs., or mos., or days): 11 days
Stay in this community (yrs., or mos., or days): 11 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: District of Columbia
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1235 Madison St., N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: George Francis Williams

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Corrine Campbell Williams
6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Oct. 13, 1867

8. AGE: Years: 72 Months: 8 Days: 3 If less than one day: hrs. min.

9. Birthplace: Chester, Pennsylvania
(Town, county, and state)

10. Usual occupation: Attorney

11. Industry or business:

FATHER
12. Name: George Westley Williams
13. Birthplace: Philadelphia, Pa.

MOTHER
14. Maiden name: Caroline Brown
15. Birthplace: West Newton, Pa.

16. Informant: Hospital Records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18 1940 (month) (day) (year)
Cemetery or crematory: Glenwood Cem.
Location: Washington D. C.

18. Funeral director: Joseph Gawler's Sons.
Address: Washington D. C.

19. June 16 1940 (Date rec'd by registrar) D. Carroll Van Horn, Deputy Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15 1940, at 7:45 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 15 1940, and that I last saw him alive on June 15 1940.

| Immediate cause of death | DURATION |
|---|---|
| Myocarditis, acute | terminal |
| Due to diabetes mellitus | 3 wks |
| Arteriosclerosis, generalized | yrs. |
| Due to | |
| Other conditions: Senile psychosis | 3 wks |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Arthur E. Rattrell, M.D. M. D. or other
Address: Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 18 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

## CERTIFICATE OF DEATH

06332

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Balto.
City or town: Middle River
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Balto City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1807 Hennenman Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Hennenman

**3. (a) FULL NAME:** Pearl Wilson

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | white | Separated |

6 (b) Name of husband or wife: Elroy Wilson
(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 21 - 1905

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 34 | 6 | 3 | hrs. min. |

9. Birthplace: Shaw West. Va.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER 12. Name: William Mayhew
13. Birthplace: Frankley W. Va.
MOTHER 14. Maiden name: Mary V. Cummins
15. Birthplace: Ellamont, Md
16. Informant: Sister Grace L. Dawson
Address: 1807 Hennenman Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-6-40 (month) (day) (year)
Cemetery or crematory: Mt Olivet Cem
Location: Frederick Rd.
18. Funeral director: John R. Kenny
Address: 1242 Leads Ave
19. June 3-40 (Date rec'd by registrar)
John R. Connelly Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2nd 1940, at 3 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ,
and that I last saw h alive on 19 .

| | DURATION |
|---|---|
| Immediate cause of death: Accidental drowning | |
| Due to: free from boat | |
| Due to: | |
| Other conditions: | |

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: None

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~: Accident Date of 6-2-40
Where did injury occur? Middle River (City or town) Balto (County) Md (State)
Injured ~~at home, farm, industry~~, public place (where?): boat
Means of injury: fell overboard Injured at work? No

23. SIGNATURE: W. O. Mace Deputy M Ex M. D. or other
Address: Pikesville Md Date signed 6-3-40

RECEIVED
JUN 18 1940
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

06333

# CERTIFICATE OF DEATH

Reg. Dist. No. 38

**1. PLACE OF DEATH:**
County Baltimore
City or town Anneslie
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution 6507 Beverly Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Anneslie Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6507 Beverly Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Stanley Yakel

3. (b) Social Security Number 216-09-7472

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Kathleen Yakel
6(c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) March 7-1891
8. AGE: Years 49 Months 3 Days 22 If less than one day ___ hrs. ___ min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual occupation Pharmacists
11. Industry or business Governs Drug
FATHER 12. Name Andrew Yakel
13. Birthplace Balto. Md.
MOTHER 14. Maiden name Isabelle Browing
15. Birthplace Balto. Md.
16. Informant Kathleen Yakel
Address 6507 Beverly Rd.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2-40 (Month) (day) (year)
Cemetery or crematory New Cath. Cem.
Location Old Frederick Road.
18. Funeral director John A. Moran
Address 3000 E. Balto. St.
19. July 1st 40 (Date rec'd by registrar) W. Darrell Van Horn Deputy Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 1:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1940, to June 29 1940, and that I last saw him alive on June 29, 1940.

Immediate cause of death Apoplexy — DURATION 1 hour
Due to Arterio-Sclerosis & Hypertension — unk
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Towson Md Date signed 6/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

06334

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (192)

## CERTIFICATE OF DEATH

Reg. Dist. No. 83

**1. PLACE OF DEATH:**
County: Baltimore
City or town: Near Boring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 2 Mos.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Near Manchester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

**3. (a) FULL NAME:** Maurice E. Yingling

**3. (b) Social Security Number:** 5

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Grace J. Yingling
6(c) If alive, give age: 21 years
7. Birth date of deceased (mo., day, yr.): Dec. 6, 1919
8. AGE: Years 20 Months 6 Days 22 If less than one day ___ hrs. ___ min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business: Farm Labor
FATHER
12. Name: Charles N. Yingling
13. Birthplace: Maryland
MOTHER
14. Maiden name: Daria B. Zimmerman
15. Birthplace: Maryland
16. Informant: Charles N. Yingling
Address: Hampstead Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 1 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Manchester Md
18. Funeral director: Jacob Wink's Sons
Address: Manchester Md
19. June 29 1940 (Date rec'd by registrar) [signature] Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-28 1940, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-28 1940, to 6-28 1940, and that I last saw him ~~alive~~ on 6-28 1940.

Immediate cause of death: Struck by lightening — DURATION: Instant
Due to
Due to
Other conditions: None.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Struck by lightening Date of 6-28-'40
Where did injury occur? Near Boring (City or town) Balto. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Farm
Means of injury: Lightening Injured at work? Yes.

23. SIGNATURE: D. D. Caples, M.D. M. D. or other
Address: Reisterstown, Md. Date signed: 6-29-'40
(over)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

After investigating the circumstances of this death
I hereby O.K. Dr D.D. Capes death certificate

W. J. T. Nyse Dep'y M. Ex

RECEIVED
JUL 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (170-C)

Reg. Dist. No. 32

06335

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**

(a) County Balto.

(b) City or town Pikesville Md
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs.

**2. HOME (USUAL RESIDENCE) OF DECEASED:**

(a) State Maryland (b) County Balto.

(c) City or town Owings mills md
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charles C. Young

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lettie Perkins Young

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1905

8. **AGE:** Years 34 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace Grayson Co. Virginia
(Town, county, and state)

10. Usual occupation Farmhand

11. Industry or business Lev Bowen. Pikesville

FATHER
12. Name Joseph Young
13. Birthplace Virginia

MOTHER
14. Maiden Name Nancy Perkins
15. Birthplace Virginia

16 (a) Informant James Clyde Young
(b) Address Rosewood Training School

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 - 1940 (month) (day) (year)

(c) Cemetery or crematory

Location Grayson Co. Virginia

18 (a) Funeral director Frank H. Newell

(b) Address Pikesville, Md.

19 (a) 6/3/40 (Date rec'd by registrar) (b) Dr E E Nichols Registrar

### MEDICAL CERTIFICATION

20. Date of death June 3 1940, at 12-10 A M

21. I certify that death occurred on the date above stated; ~~that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .~~

Immediate cause of death Accident

Due to Struck by Auto on Highway

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide, or homicide~~ Accident

(b) Date of occurrence June 3 - 1940

(c) Where did injury occur? Owings Mills Balto Md
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public highway While at work? No
(Specify type of place)

(e) Means of injury Struck by Auto

23. Signature W. P. O. Mise Deputy M Ex
M. D. or other

Address Pikesville Md Date signed 6-3-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

06336

## CERTIFICATE OF DEATH

Reg. Dist. No. 44

**1. PLACE OF DEATH:**

County Balto

City or town Essex Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: George Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Essex Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. George Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Michael Geo. Zeberlein

3. (b) Social Security Number 705-05-5076

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Madeline Gensler

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14th - 1892

8. AGE: Years 47 Months 6 Days 0 If less than one day hrs. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual occupation R.R. Conductor (B. & O.)

11. Industry or business

FATHER 12. Name Geo. Zeberlein

13. Birthplace Germany

MOTHER 14. Maiden name Mary Benton

15. Birthplace Kent Co. Md.

16. Informant Mrs. Madeline Zeberlein

Address George Ave. Essex Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-18-40 (month) (day) (year)

Cemetery or crematory Oak Lawn Cem.

Location Eastern Ave Rd

18. Funeral director John G. Connelly

Address Essex, Md.

19. 6-18- 1940 (Date rec'd by registrar) John G. Connelly Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, and ~~that I last saw h~~ alive on ~~19~~.

Immediate cause of death Coronary thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. O'Myer Dupy M Ex M. D. or other

Address Pikesville Md Date signed 6-14-40

RECEIVED
JUN 21 1940
BUREAU V. S.

RECEIVED
SEP 1940
BUREAU V. S.